

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90042 033 ***150.00

0349457 AV

DOCUMENT # H82726**1. Entity Name**
MANGROVE MATTIE'S, INC.**Principal Place of Business**
1640 SEAWAY DR.
FORT PIERCE FL 34949**Mailing Address**
800 N. FLAGLER DR.
WEST PALM BCH. FL 33401
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2689930Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****ARSENAULT, GERARD A**
2000 PALM BCH LAKES BLVD #1001
SUITE 202
W PALM BCH FL 33409**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**SIGNATURE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PST			
	ARSENAULT, GERARD A	800 N. FLAGLER DR.	W PALM BCH FL	
	D			
	HARRY HAMILTON	800 N. FLAGLER DRIVE	WEST PALM BEACH FL	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1/20/02 (56) 655-3113**
Date Daytime Phone #

CR2E034 (9/01)