

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90143 038 ***150.00

DOCUMENT # J25709

1. Entity Name

TONY MANDEVILLE, INC.

Principal Place of Business

260 POWER COURT
 110
 SANFORD FL 32771
 US

Mailing Address

260 POWER CT
 110
 SANFORD FL 32771-3090
 US

705863

2. Principal Place of Business

102 Commerce Way

3. Mailing Address

102 Commerce Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, 32771

City & State

SANFORD, FLORIDA

4. FEI Number

59-2700840

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANTHONY MANDEVILLE, CHARLES
 808 EAGLE CLAW CT.
 LAKE MARY FL 32746
 104 OAKS COURT
 SANFORD, FLORIDA
 32771

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, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	MANDEVILLE, CHARLES A	808 EAGLE CLAW CT.	LAKE MARY FL	<input type="checkbox"/>
V	MANDEVILLE, CHARLES A	808 EAGLE CLAW CT.	LAKE MARY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		104 OAKS COURT	SANFORD, FLORIDA 32771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		104 OAKS COURT	SANFORD, FLORIDA 32771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Charles A. Mandeville 1/19/00 407-321-6452

CF 1 014 9/9/01