## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 19, 2001 8:00 am Secretary of State DOCUMENT # J26033 1. Entity Name 05-19-2001 90277 020 \*\*\*150.00 Mannerisms, Inc. Mailing Address Principal Place of Business 103 E. Lauren Court 103 East Lauren Court 768431 Fern Park, Florida Fern Park, Florida 32730 32730 2. Principal Place of Business 3. Mailing Address 685-B Georgia Avenue 6526 Rolla Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Houston, Texas Longwood, Florida 58-1684523 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 77055 32750 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DeLude, Edward G. Rosa DeVore 103 East Lauren Court Street Address (P.O. Box Number is Not Acceptable) Fern Park, Florida <u>685-B Georgia Avenue</u> I marketa II. Zip Code 32750 Longwood 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 (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change DeLude, Jeffery TITLE P/T DeLude, Jeffery Delete TITLE NAME 2121 Congress Unit E 6526 Rolla Street NAME STREET ADDRESS STREET ADDRESS Houston, Texas Houston, Texas 77055 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition X Delete TITLE Brigham, Joanne TITLE NAME 2121 Congress Unit E STREET ADDRESS STREET ADDRESS Houston, Texas CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

**FILED**