

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J68353

1. Entity Name

MANATEE LABORATORIES, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90144 031 ***150.00

Principal Place of Business

% MARIE CALHOON
990 N DOCK ST/ PORT MANATEE
PALMETTO FL 34221-3605

Mailing Address

% MARIE CALHOON
990 N DOCK ST/ PORT MANATEE
PALMETTO FL 34221-6605

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2796654

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALHOON, MARIE
206 22ND ST. NE.
BRADENTON FL 34208

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

Marie F. Calhoon

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04-25-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CALHOON, MARIE	
STREET ADDRESS	206 22ND ST. N.E.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	CALHOON, MONA	
STREET ADDRESS	206 22ND ST. N.E.	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Marie F. Calhoon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-00

Date

(941) 723-2263

Daytime Phone #

CR2E034 (9/99)