

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90128 049 ***150.00

DOCUMENT # K02071

1. Entity Name

MANDY C.A.P., INC.

Principal Place of Business

110 20TH AVE NE
 ST PETERSBURG FL 33704
 US

Mailing Address

110 20TH AVE NE
 ST PETERSBURG FL 33704
 US

UUUU9652



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

515 SCOTLAND ST.

Suite, Apt. #, etc.

3. Mailing Address

515 Scotland St.

Suite, Apt. #, etc.

City & State

DUNEDIN, FL

City & State

Dunedin FL

4. FEI Number

59-2865537

Applied For

Not Applicable

Zip

34698 Pinellas

Zip

34698 Pinellas

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

FENCIK, MICHAEL J.
 110 20TH AVE NE
 ST PETERSBURG FL 33704

Name **Michael J. Fenick**

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

515 Scotland St.

City **Dunedin**

FL

Zip **34698**

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

Michael J. Fenick

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, 2001 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
D	FENCIK, MICHAEL J.	110 20TH AVE NE	ST PETERSBURG FL 33704	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input 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:

Michael J. Fenick, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/01

Date

727-734-3171

Daytime Phone #

CR2E034 (10/00)