

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K08220

1. Entity Name

MCMANUS ENTERPRISES, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90008 026 ***150.00

Principal Place of Business

Mailing Address

907 PARK AVE
LAKE PARK FL 33403
US

907 PARK AVE
LAKE PARK FL 33403-2403
US

2. Principal Place of Business

420 US1 #20

Suite, Apt. #, etc.

20

3. Mailing Address

420 US1

Suite, Apt. #, etc.

#20



DO NOT WRITE IN THIS SPACE

City & State

N. Palm Beach, FL

City & State

N. Palm Beach, FL

4. FEI Number

65-0019701

Applied For

Not Applicable

Zip

33408

Country

FLORIDA

Zip

33408

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

MCMANUS, MARYBETH
907 PARK AVE
LAKE PARK FL 33403

Name

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

420 US1, Suite 20

City N. Palm Beach

FL

Zip Code

33408

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCMANUS, LALLIE	
STREET ADDRESS	1531 STONEHAVEN DR STE 1	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	28 Yacht Club Dr. #401	
CITY-ST-ZIP	N. Palm Beach, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)