

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90031 014 ***150.00

DOCUMENT # **K08220**

1. Entity Name

Mcmanus Enterprises Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

420 USA #20

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N. Palm Beach, FL 33408

City & State

4. FEI Number

68-0019701

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Same

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 reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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-STATE-ZIP
**Pres.
Lallie Mcmanus
284acht club Dr #409
N Palm Beach FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V. Pres
MARY BETT McMANUS
420 USA, #20
NPB FL 33408**

TITLE
NAME
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CITY-STATE-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)



662136

Florida Profit

MCMANUS ENTERPRISES, INC.

PRINCIPAL ADDRESS

420 US 1

#20

NORTH PALM BEACH FL 33408 US

Changed 03/04/2000

MAILING ADDRESS

420 US 1

#20

NORTH PALM BEACH FL 33408 US

Changed 03/04/2000

Document Number
K08220FEI Number
650019701Date Filed
12/22/1987State
FLStatus
ACTIVEEffective Date
NONE

Registered Agent

Name & Address
MCMANUS, MARYBETH 420 US 1 STE 20 NORTH PALM BEACH FL 33408
Name Changed: 07/12/1994
Address Changed: 03/04/2000

Officer/Director Detail

Name & Address	Title
MCMANUS, LALLIE 28 YACHT CLUB DR #407 NORTH PALM BEACH FL 33408	D