

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K44729

1. Entity Name

MANTA CONSTRUCTION CORPORATION

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90033 016 ***150.00

Principal Place of Business

2949 LANDMARK WAY
 PALM HARBOR FL 34684

Mailing Address

2949 LANDMARK WAY
 PALM HARBOR FL 34684-5019

2. Principal Place of Business

1715 MAGNOLIA RD

3. Mailing Address

1715 MAGNOLIA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BELLEAIR, FL

City & State

BELLEAIR, FL

4. FEI Number

59-2917001

Applied For

Not Applicable

Zip

33756

Country

FLORIDA

Zip

33756

Country

FLORIDA

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

HULTGREN, BRADLEY J.
 2949 LANDMARK WAY
 PALM HARBOR FL 34684

Name

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

1715 MAGNOLIA RD

City

BELLE AIR, FL

FL

Zip Code

33756

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 PD ☐ Delete
 NAME HULTGREN, BRADLEY J.
 STREET ADDRESS 2949 LANDMARK WAY
 CITY-ST-ZIP PALM HARBOR FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1715 MAGNOLIA RD
 CITY-ST-ZIP BELLE AIR, FL 33756

TITLE ST ☐ Delete
 NAME HULTGREN, KATHLEEN A.
 STREET ADDRESS 2949 LANDMARK WAY
 CITY-ST-ZIP PALM HARBOR FL

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 1715 MAGNOLIA RD
 CITY-ST-ZIP BELLE AIR, FL 33756

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4/24/00 727-518-2313

Date

Daytime Phone #

CR2E034 (9/99)