

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L19785

1. Entity Name

MANNING BROS POOLS, INC.

FILED

Feb 07, 2001 8:00 am  
Secretary of State

02-07-2001 90147 046 \*\*\*150.00

Principal Place of Business

9465 PENSACOLA BLVD  
PENSACOLA FL 32534

Mailing Address

9465 PENSACOLA BLVD  
PENSACOLA FL 32534

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2974731

Applied For

Not Applicable

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

MANNING, MARSHA E.  
9465 PENSACOLA BLVD  
PENSACOLA FL 32534

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

*Marsha E. Manning*

Signature typed or printed name of registered agent and the filer, if different.

(NOTE: Registered Agent signature required when reinstating)

*1/30/01*

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	DP	<input type="checkbox"/> Delete
NAME	MANNING, CLARK E.	
STREET ADDRESS	3506 WIGGINS LN	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MANNING, JOHN D.	
STREET ADDRESS	316 CLARK AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MANNING, MARSHA E.	
STREET ADDRESS	3506 WIGGINS LN	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MANNING, JOSEPHINE C.	
STREET ADDRESS	316 CLARK AVE	
CITY-ST-ZIP	PENSACOLA 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"/> 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		
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:

*Marsha E. Manning*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/30/01*  
Date

*8564799201*  
Daytime Phone #

CR2E034 (10/00)