

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90275 039 \*\*\*150.00

**DOCUMENT # L40581**

1. Entity Name  
**NEEDHAM MANAGEMENT, INC.**



Principal Place of Business  
**924 PRITCHARD ISLAND RD  
INVERNESS FL 34450-2838  
US**

Mailing Address  
**924 PRITCHARD ISLAND RD  
INVERNESS FL 34450-2838  
US**



2. Principal Place of Business  
**7340 E. APPLEWOOD DR**  
Suite, Apt. #, etc.

3. Mailing Address  
**7340 E. APPLEWOOD DR**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**INVERNESS FL**

City & State  
**INVERNESS, FL**

4. FEI Number **59-3000255**

Applied For  
Not Applicable

Zip **34450** Country **US**

Zip **34450** Country **US**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NEEDHAM, JAY  
924 PRITCHARD ISLAND ROAD  
INVERNESS FL 34450**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	NEEDHAM, JAY	924 PRITCHARD ISLAND RD	INVERNESS FL	<input type="checkbox"/>
S	NEEDHAM, DONNA	924 PRITCHARD ISLAND RD	INVERNESS FL	<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
		7340 E. APPLEWOOD DR	INVERNESS, FL 34450	<input type="checkbox"/>	<input type="checkbox"/>
		7340 E. Applewood DR	INVERNESS, FL 34450	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JAY NEEDHAM  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-726-9742  
Daytime Phone #

CR2E034 (10/02)