

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-17-2002 90005 002 ***150.00

0004683 AT

DOCUMENT # L48544

1. Entity Name
MANOS, INC.

Principal Place of Business

**C/O RAYMOND J. CASCELLA
515 NEWFOUND HARBOR DR.
MERRITT ISLAND FL 32952**

Mailing Address

**C/O RAYMOND J. CASCELLA
515 NEWFOUND HARBOR DR.
MERRITT ISLAND FL 32952**



2. Principal Place of Business

Cape Canaveral
Suite, Apt. #, etc.
#221

3. Mailing Address

P.O. Box 1698

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

223 Columbia Dr#221
Zip Country

City & State

Cape Canaveral, Fl
Zip Country

4. FEI Number

65-0194106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASCELLA, RAYMOND J.
680 GEORGE KING BLVD
PT CANAVERAL FL 32920**

7. Name and Address of New Registered Agent

Name

Richard J Dempsey

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

223 Columbia DR.#221

City

Cape Canaveral, Fl

FL

Zip Code

32920

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 **Richard J. Dempsey**
Signature, typed or printed name of registered agent and title if applicable.

Pres. T. Richard Dempsey
(NOTE: Registered Agent signature required when reappointing)

April 9, 2002
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, 2002 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

TITLE **PST** ☐ Delete
NAME **CASCELLA, RAYMOND J.**
STREET ADDRESS **680 GEORGE KING BLVD**
CITY-ST-ZIP **PT CANAVERAL FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☒ Change ☐ Addition
NAME **Richard J Dempsey**
STREET ADDRESS **223 Columbia Dr#221**
CITY-ST-ZIP **Cape Canaveral, Fl 32920** ☐ Change ☐ Addition

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

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Raymond J. Cascella**
STREET ADDRESS **Box 1698**
CITY-ST-ZIP **Cape Canaveral, Fl 32920** ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
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:

Richard J. Dempsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)