FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State
05-13-2002 90166 028 ***150.00

DOCUMENT # M91495

1. Entity Name
Mannco, Inc.

DO NOT WRITE IN THIS SPACE

91572

2. Principal Place of Business
588 Queens Mirror Circle
Suite, Apt. #, etc.
City & State
Casselberry FL
Zip 32707 Country USA

3. Mailing Address
588 Queens Mirror Circle
Suite, Apt. #, etc.
City & State
Casselberry FL
Zip 32707 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2899943 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Alan L. Mann
Street Address (P.O. Box Number is Not Acceptable) 588 Queens Mirror Circle
City Casselberry FL Zip Code 32707

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) ☐

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	President
NAME	Alan L. Mann
STREET ADDRESS	588 Queens Mirror Circle
CITY-ST-ZIP	Casselberry FL 32707
TITLE	Vice President
NAME	Charleana M. Mann
STREET ADDRESS	588 Queens Mirror Circle
CITY-ST-ZIP	Casselberry FL 32707
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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: Charleana M. Mann Charleana M. Mann 4/26/02 407-696-6598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #