

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004078

1. Entity Name

MANDA VILLA INC.

Principal Place of Business

4904 SOUTH SHORE DRIVE
NEWPORT RICHEY FL 34652

Mailing Address

4904 SOUTH SHORE DRIVE
NEWPORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

ANDERSON, ARTHUR N
4904 SOUTH SHORE DRIVE
NEWPORT RICHEY FL 34652

4. FEI Number

59-3660781

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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.

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 \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS DOSKOEZ, RICHARD
CITY-ST-ZIP 7911 ROTTINGHAM ROAD
PORT RICHEY FL 34668

TITLE ☐ Delete
NAME D
STREET ADDRESS ANDERSON, DOROTHEA
CITY-ST-ZIP 4904 SOUTH SHORE DRIVE
NEWPORT RICHEY FL 34652

TITLE ☐ Delete
NAME D
STREET ADDRESS DENLEY, R. BERNADETTE
CITY-ST-ZIP 5023 SUWANNEE DRIVE
NEWPORT RICHEY FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 617, 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

9-13-01 727-841-0157

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90001 021 ****61.25

979280



DO NOT WRITE IN THIS SPACE

0014983

CR2E037 (5/01)

Attachment 939280
Dr. N000000004078

Sept 13, 2001

Division of Corporations
Uniform Superior Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sirs:

Enclosed please find the completed UBL form
for Manda Villa, Inc. together with my check
for \$61³⁵. Unfortunately, by the time you get it,
it will be a few days late. You see, the form
was at my accountant's office & I was to pick it up
on Tuesday so that I could express it to Tallahassee,
but, the events of September 11th stopped us in
our tracks. He never went to work. The office was

Attachment.

Dr. # ⁹⁷⁹²⁸⁰ N00000004078

Being, transplanted New Yorkers from
Manhattan & Long Island our main
concern those days was to be assured of the
safety of our families.

I hope that you can understand the circum-
stances & accept the payment as having
arrived on time.

Yours truly,

J. Bernard Realey
5023 Suwannee Dr
New Port Richey, FL 34652