## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED May 19, 2003 8:00 am Secretary of State 04-25-2003 90200 027 \*\*\*\*61.25

1. Entity Nan	IVIENT# NU2000 E MANIACS INC	009448			0120 2000 90200	,2,	01.20	
Principal Place of Business P. O. BOX 20741		Mailing Address			55042042			
P. O. BOX 20741 BRADENTON FL 34204-0741		P. O. BOX 20741 BRADENTON FL 34204-0741			OUTAUIL			
2. Principal f	Place of Business	3. Mailing Address	·					
Suite, Apt. #, stc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number	(A) -   (L) (S)   Not Applicable			
Zip	Country	Zip	Country	5. Certificate of	Status Desired Fe	8.75 Addi		
	6. Name and Address of Current	Registered Agent	Name		ddress of New Registered Ag	ent		
	A AGENT SERVICES, INC. ICKELL AVE., SUITE 900		<u></u>	ddress (R.O. Box Number is	Smith s Noi Acceptable)			
mo and the			CityBy	adentin	FL	Zip Code	03	
	a named entity submits this statement for tions of registered agent	emel/	registered office or	registered agent, or both,	in the State of Florida. I am far	niliar with, a	ind accept	
FILE NOW: FEE IS \$61.25  9. Election Campaign Trust Fund Contri				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIF		11.		GES TO OFFICERS AND DIRE		<del></del>	
NAME TO STREET ALDRESS CITY-ST-ZIP	PD SMITH, KENNETH P. O. BOX 20741 BRADENTON FL 34204-0741	☐ Delete	name Street adoress	Director Stacy A. Smi- 590u 42nd St.	łh E.	Change	Addition	
TITLE	D MCGURN, JENNIFER	Delete	TITLE NAME	Bradentin F		Change	☐ Addition '	
STREET ADDRESS CITY-ST-ZIP	912 44TH ST. WEST BRADENTON FL 34209		STREET ADDRESS CITY-ST-ZIP		in the second of	•		
TITLE	D Stewart, Karen	Delete	NAME		<u> </u>	Change	_ Addition _	
STREET ADDRESS CITY-ST-ZIP	5024 33RD ST. E. BRADENTON FL 34203		STREET ADDRESS CITY-ST-ZIP		·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		С	Change	Addition	
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ACCRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			] Change	Addition	
	ertify that the information supplied with on this report or supplemental report is poration or the receiver or basee empore	this filing does not qualify for t true and accurate and that my wered to execute this spoot as		ed in Section 119.07(3)(i), F ve the same legal effect as ster 617, Florida Statutes; a	Florida Statutes. I further certify if made under oath; that I am and that my name appears in B	that the info an officer or lock 10 or E	ormation r director Block 11 if	

4/22/03