

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35933

1. Entity Name

MANATEE PERSONAL COMPUTER USERS GROUP, INC.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90198 027 ****61.25

Principal Place of Business

Mailing Address

4835 27TH STREET W.
SUITE 135
BRADENTON FL 34207
US

5726 CORTEZ RD W.
STE 286
BRADENTON FL 34210
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2921866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TYLER, LARRY JR
9604 CORTEZ RD W #223
BRADENTON FL 34210

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SAILING, EILEEN	5811 11 ST EAST	BRADENTON FL 34203	<input type="checkbox"/>
D	DODGE, CHRISTINE	2303 50 ST W	BRADENTON FL 34209	<input type="checkbox"/>
D	MCLAUGHLIN, DON	2632 47TH AVE W	BRADENTON FL 34207	<input type="checkbox"/>
SD	BOZZETTI, MARY A	1116 84 ST NW	BRADENTON FL 34209	<input type="checkbox"/>
D	SCHNIEDER, JACK	2624 30 ST WEST	BRADENTON FL 34205	<input type="checkbox"/>
P	GRANT, ROBERT	7001 8 AV E W	BRADENTON FL 34209	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<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 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: *Robert Grant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-02 941-795-7290

CR2E037 (9/01)