

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90041 036 ***150.00

DOCUMENT # P00000006182

1. Entity Name
PHYLLIS MANN, INC.



Principal Place of Business
2027 BLAIS AVE.
DAYTONA BEACH FL 32118

Mailing Address
2027 BLAIS AVE.
DAYTONA BEACH FL 32118

2. Principal Place of Business

3. Mailing Address

19417 GULF BLVD

19417 GULF BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

B109

B109

City & State

City & State

INDIAN SHORES, FL

INDIAN SHORES, FL

Zip

33785

Country

USA

Zip

33785

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3624180

Applied For

☐ Not Applicable

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

MANN, PHYLLIS
2027 BLAIS AVE.
DAYTONA BEACH FL 32118

Name PHYLLIS MANN

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

19417 GULF BLVD

B109

City INDIAN SHORES

FL

Zip Code

33785

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Phyllis Mann*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1.20.03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MANN, PHYLLIS	
STREET ADDRESS	2027 BLAIS AVE.	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYLLIS MANN	
STREET ADDRESS	19417 GULF BLVD #B109	
CITY-ST-ZIP	INDIAN SHORES, FL 33785	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: *Phyllis Mann*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.20.03 727.517.2436

Date

Daytime Phone #

CR2E034 (10/02)