

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000019497

1. Entity Name

C. Mangoni Tool Sales, Inc.



FILED

05 SEP 15 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50066864

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5793 120 Ave. North

3. Mailing Address

5793 120 Ave. North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Royal Palm Beach, FL

City & State

Royal Palm Beach, FL

4. FEI Number

650984979

Applied For
Not Applicable

Zip

33411

Country

USA

Zip

33411

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Complete Corporate Services, Inc.

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

7730 SW 68 Tr.

City

Miami

FL

Zip Code

33143

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

OPS
Carl Mangoni
5793 120 Ave. North
Royal Palm Beach, FL 33411

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Mangoni

9-1-05

Date

954-709-45

Daytime Phone #

CR2E034B (12/02)

5793 120 Ave. North
Royal Palm Beach
FL 33411

9-1-01

ATTACHMENT

50066864

PO00000019497

Dear Sirs,

Today is September first, four months past your deadline to submit the uniform business annual report. I am very late, But am hoping you will excuse the tardiness and wave the extra \$400.00 in fees. ~~B~~

I was very unhappy with my previous accountant and after changing to my new one, there seem to have been a few things left out. Unfortunately, your paperwork was one of them. I am very unfamiliar with the accounting end of this business, and also didn't know it ~~was~~ is a bad idea to change accountants in the first quarter of the year. It has taken me til now to finally Iron out all of the wrinkles that were made.

I am truly sorry that I am late, and it will never happen again. That four hundred dollars goes a long way in my house, I am a single dad just trying to make it. I hope you can forgive me and wave the late fee.

I am enclosing the paperwork and check for \$550.⁰⁰ to satisfy your fines while you consider my request

Thank you Carl Marzani