

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

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90221 008 \*\*\*150.00

**DOCUMENT # P00000019497**

1. Entity Name

C. Mangoni Tool Sales, Inc.



**DO NOT WRITE IN THIS SPACE**

**20036069**

2. Principal Place of Business

5793 120 Ave. North

Suite, Apt. #, etc.

3. Mailing Address

5793 120 Ave. North

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

**DO NOT WRITE  
IN THIS SPACE**

**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

**Carl Mangoni**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-23-06**

**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-STATE-ZIP
	<b>Carl Mangoni</b>	<b>5793 120 Ave. North</b>	<b>Royal Palm Beach, FL 33411</b>

**DO NOT WRITE  
IN THIS SPACE**

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:**

**Carl Mangoni**

**4-23-06**

**954-242-8309**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)