

UNIFORM BUSINESS REPORT (UBR)DOCUMENT # *P00090021139*

1. Entity Name

*Manchester Partners, Inc.***FILED**
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90147 015 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2300 W. Sample Rd.

3. Mailing Address

2300 W. Sample Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*202**202*

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FCI Number

65-0988073

Applied For

Not Applicable

Zip

33073

Country

Zip

33073

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Mark Brady

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

*2300 W. Sample Rd**Suite 202*

City

Pompano Beach

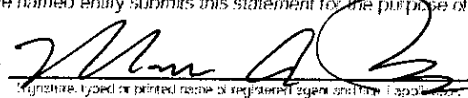
FL

Zip Code

33073

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



(NOTE: Registered Agent's signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$61.25

Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<i>D-P</i>	<i>Mark A. Brady</i>	<i>2300 W. Sample Rd</i>	<i>Pompano Beach, FL 33073</i>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
<i>D</i>	<i>Jacqueline M. Brady</i>	<i>2300 W. Sample Rd.</i>	<i>Pompano Beach, FL 33073</i>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

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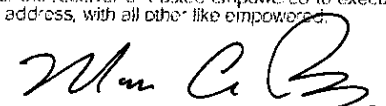
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE



4/26/02

954-979-9900