

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91007 029 ***150.00

DOCUMENT # P0000022715

1. Entity Name
MANGE WELLMAN CORPORATION

Principal Place of Business
~~5400 VERNA BLVD., STE. 4~~
 JACKSONVILLE FL 32205

Mailing Address
~~5400 VERNA BLVD., STE. 4~~
 JACKSONVILLE FL 32205



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4579 Lenox Ave.
 Suite, Apt. #, etc.

3. Mailing Address
4579 Lenox Ave
 Suite, Apt. #, etc.

City & State
Jac, Fl
 Zip
32205 Country
USA

City & State
Jac, Fl
 Zip
32205 Country
USA

4. FEI Number **59-3404068** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MANGE, JOANN
5400 VERNA BLVD., STE. 4
JACKSONVILLE FL 32205

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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-ST-ZIP	D <input type="checkbox"/> Delete WELLMAN, KENNETH R 5400 VERNA BLVD., STE. 4 JACKSONVILLE FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MANGE, JOSEPH W JR. 5400 VERNA BLVD., STE. 4 JACKSONVILLE FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MANGE, JOANN 5400 VERNA BLVD., STE. 4 JACKSONVILLE FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4579 Lenox Ave Jac, Fl 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4579 Lenox Ave Jac, Fl 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4579 Lenox Ave Jac, Fl 32205
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth R Wellman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02 904-786-7878
 Date Daytime Phone #

CR2E034 (9/01)