

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000022715

FILED
Apr 18, 2003
Secretary of State

Entity Name: MANGE WELLMAN CORPORATION

Current Principal Place of Business:

4579 LENOX AVE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

4579 LENOX AVE
JACKSONVILLE, FL 32205

New Mailing Address:

5207 MAGNOLIA OAKS LANE
JACKSONVILLE, FL 32210

FEI Number: 59-3404068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANGE, JOANN
5400 VERNA BLVD., STE. 4
JACKSONVILLE, FL 32205

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WELLMAN, KENNETH R
Address: 4579 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: MANGE, JOSEPH W JR
Address: 4579 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: MANGE, JOANN
Address: 4579 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MANGE, JOSEPH W JR
Address: 4579 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: TRES (X) Change () Addition
Name: MANGE, JOANN
Address: 4579 LENOX AVE
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANN MANGE

TRES

04/18/2003

Electronic Signature of Signing Officer or Director

_____ Date