

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000038712

1. Entity Name
JOHN A. MANGIN, P.A.

Principal Place of Business

~~15060 TAMARIND CAY COURT, #805~~
~~FT. MYERS FL 33908~~

Mailing Address

~~15060 TAMARIND CAY COURT, #805~~
~~FT. MYERS FL 33908~~

2. Principal Place of Business

2062 Katherine Street
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7534
Suite, Apt. #, etc.

City & State
Fort Myers, FL

Zip 33901 Country USA

City & State
Fort Myers, FL

Zip 33911 Country USA

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

2062 Katherine Street

City, State, Zip
Fort Myers FL 33901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME MANGIN, JOHN A
STREET ADDRESS ~~15060 TAMARIND CAY COURT, #805~~
CITY-ST-ZIP FT. MYERS FL 33908

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2062 Katherine Street
CITY-ST-ZIP 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, in all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-01 (941) 482-5191

Date

Daytime Phone #

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90313 012 ***150.00

746839



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)