

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90141 045 ***150.00

0126683 AV

DOCUMENT # P00000040933

1. Entity Name
MANGROVES OF CAPE CANAVERAL, INC.



Principal Place of Business
6615 N ATLANTIC AVE
CAPE CANAVERAL FL 32920

Mailing Address
147 W ALACHUA LANE
COCOA BEACH FL 32931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3640275**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAGGETT, LETTYE C
150 W. ALACHUA LN.
COCOA BEACH FL 32931

Name

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

City **SAME**

FL

Zip Code **SAME**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **BAGGETT, LETTYE C**
STREET ADDRESS **147 W ALACHUA LN**
CITY-ST-ZIP **COCOA BEACH FL 32931**

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

TITLE **D** ☐ Delete
NAME **PHILLIPS, JOHN H**
STREET ADDRESS **420 CATMARAN DR**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

SIGNATURE: *Lettye Baggett* **Lettye Baggett** **5/1/03** **321-783-4548**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

attachment 90134606
~~70000040933~~

5-12-03

Fla Dept of State

REF: Annual Dues

Per telephone conversation on 5/12/03
penalty was waived. I have never
been late before and I lost the
paper work in a drawer.

Thank you in advance for your
leniency.

Sincerely,

Lethye Baggett
Mangroves