2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000050376  1. Entity Name MANNCO TRANSPORT, INC.					Secretary of State 04-09-2001 90037 014 ***150.00			
Principal Place of Business Mailing Address 2311 ROGERS RD. LAKELAND FL 33813 LAKELAND FL 33813					nu	A A A A E E A		
,					A DEUROOOT ALK SERVIL ORAN OSTALA OSTALA	<b>10</b> 111 <b>10</b> 191 6191 <b>10</b> 700 Hill 1	18383 BYN 1967	
2. Principal I	Place of Business	3. Mailing Address C/O BFT						
Suite, Apt. #, elc.		Suite, Apt. #, etc. P.O. Box 440860		DO NOT WRITE IN THIS SPACE				
City & State		City & State Aurora, CO		FEI Number 204517	<b>∼</b>	Applied For Not Applicable		
Zip	Country	<sup>Ζίρ</sup> 80044-0860	Country USA	5.	Certificate of Status Desired	S8.75 A		
	6. Name and Address of Current R			7.	Name and Address of New Re	gistered Agent		
REHER, DEBORA C 2311 ROGERS RD.				Name Street Address (P.O. Box Number is Not Acceptable)				
LAKELAND FL 33813			<u> </u>		<del></del>			
			City	<u>-</u> -	<del>-</del>	FL Zip Co	de	
9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)  FILE NOW!!! After MAY 1, 2001 Make Check Payable			le to Departmen	550.00 nt of State				
11.	OFFICERS AND D		12.	A	ODITIONS/CHANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEWTÓN, MARK Á 3817 SKYWARD CIR. YUKON OK 73099	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO MATTÉO, MURRAY L 1187 CLUBHOUSE DR. BROOMFIELD CO 80020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15344	o, Murray L. I Uravan St. on, CO 80601	<b>⊠</b> Change	□ Addition   à	
TITLE MAME STREET ADDRESS. CITY-SI-ZIP	STD REHER, DEBORA C 12311 E. CORNELL AVE., #23 AURORA CO 80014	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZP	STD Reher P.O. 8	, Debora C. Box 440860	K) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABIOTA GO GOTT	☐ Delata	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Aurora	a, CO 80014-0860	Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
	entify that the information supplied with th on this report or supplemental report is to poration or the receiver or trustee empower	is filing does not qualify for to ue and accurate and that my ered to execute this report as		ted in Section lave the same apter 607, Flor	119.07(3)(i), Florida Statutes. I fu legal effect as if made under oal rida Statutes; and that my name a	urther certify that the inthe inthe inthe interest in the interest in Block 11 o	nformation or director r Block 12 If	

Daytime Phone #