

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90045 004 ***150.00

DOCUMENT # P00000057772

1. Entity Name
MENAHAN REALTY SERVICES, INC.



Principal Place of Business
**1819 OLEANDER STREET
SARASOTA FL 34239**

Mailing Address
**1819 OLEANDER STREET
SARASOTA FL 34239**



2. Principal Place of Business

2975 Bobcat Village Center Rd

3. Mailing Address

2975 Bobcat Village Center Rd

Suite, Apt. #, etc.

Ste 100

Suite, Apt. #, etc.

Ste 100

City & State

North Port FL

City & State

North Port FL

Zip

34288

Country

Sarasota

Zip

34288

Country

Sarasota

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1017375

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HUNIHAN, DAVID C

1819 OLEANDER STREET

SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

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

2975 Bobcat Village Center Rd Ste 100

City

North Port

FL

Zip Code

34288

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

TITLE **D** ☐ Delete

NAME **HUNIHAN, DAVID C**
STREET ADDRESS **1819 OLEANDER STREET**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **D** ☐ Delete

NAME **MENKE, W. TODD**
STREET ADDRESS **1819 OLEANDER STREET**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **2975 Bobcat Village Center Rd, Ste 100**
CITY-ST-ZIP **North Port FL 34288**

TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS **2975 Bobcat Village Center Rd, Ste 100**
CITY-ST-ZIP **North Port FL 34288**

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)