

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-14-2003 90043 025 ***150.00

DOCUMENT # P00000069794



1. Entity Name
DANA MANSFIELD, INC.

Principal Place of Business
**10135 GATE PKWY. NORTH. APT. 1405
JACKSONVILLE FL 32246**

Mailing Address
**10135 GATE PKWY. NORTH. APT. 1405
JACKSONVILLE FL 32246**

2. Principal Place of Business
7830 MONTEREY BAY DR.

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.



CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FL

City & State

4. FEI Number
59-3663764

Applied For
Not Applicable

Zip
32256

Country
USA

Zip

Country

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

**CRAIG, J. NORMAN
1135 NW 23RD AVE., SUITE M
GAINESVILLE FL 32609**

Name

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

City

FL

Zip Code

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	<input type="checkbox"/> Delete
NAME	MANSFIELD, DANA	
STREET ADDRESS	10135 GATE PKWY. NORTH. APT. 1405	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/03 (904) 9984245

Date

Daytime Phone #

CR2E034 (10/02)