

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072577

1. Entity Name

MANASOTA MANAGEMENT SERVICES, INC.

FILED

May 09, 2001 8:00 am
Secretary of State

05-09-2001 90004 048 ***150.00

Principal Place of Business

748 SOUTH TAMiami
SOUTH TAMiami FL 34229

Mailing Address

748 SOUTH TAMiami
SOUTH TAMiami FL 34229

P.O. Box 914
OSPREY FL 34229

2. Principal Place of Business

3. Mailing Address

P.O. Box 914

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OSPREY FL

4. FEI Number

65-1028458

Applied For

Not Applicable

Zip

Country

Zip

Country

34229

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

STEPHEN F. VOIGHT, P.A.
2414 BEE RIDGE RD
SARASOTA FL 34239

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.

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 Pr.	<input type="checkbox"/> Delete
NAME William Sutton	
STREET ADDRESS 223 HIDDEN BAY	
CITY-ST-ZIP OSPREY FL 34229	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME William Sutton	
STREET ADDRESS 223 HIDDEN BAY DR.	
CITY-ST-ZIP OSPREY FL 34229	
TITLE Tras.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ELIZABETH KELLEY	
STREET ADDRESS 223 HIDDEN BAY DR.	
CITY-ST-ZIP OSPREY FL 34229	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

William Sutton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01 941-918-8483

CR2E034 (10/00)