

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90037 011 \*\*\*150.00

**DOCUMENT # P00000080824**

1. Entity Name  
**MANORWOOD, INC.**

Principal Place of Business <b>902 CLINT MOORE ROAD #120 BOCA RATON FL 33487</b>	Mailing Address <b>902 CLINT MOORE ROAD #120 BOCA RATON FL 33487</b>
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2. Principal Place of Business <b>1921 NW 40TH CT</b>	3. Mailing Address <b>1921 N.W. 40TH CT.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>POMPADON BEACH, FL.</b>	City & State <b>POMPADON BEACH, FL.</b>
Zip <b>33064</b>	Country <b>U.S.A.</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1037347</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**POPKIN & SHURPIN, P.A.  
2499 GLADES ROAD  
SUITE 114  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HARVEY, DAVID S 902 CLINT MOORE ROAD #120 BOCA RATON FL 33487</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT JEFFREY GOLDNER 4175 N.W. 67 WAY CORAL SPRINGS, FL. 33067</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jeffrey Goldner* **PRESIDENT** 1/26/01 954 917-8789  
Date Daytime Phone #

CR2E034 (10/00)