## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** 

P00000082020

1. Entity Name



**FILED** Apr 04, 2003 8:00 am Secretary of State 04-04-2003 90101 012 \*\*\*150.00

TMB MAI	NAGEMEN'	FENTERPRISES	S, INC														
Principal Place of Susiness 467A STARA CIRCLE PENSACOLA FL 32505			467A	Mailing Address 467A STARA CIRCLE PENSACOLA FL 32505					1881 1881	III <b>be</b> ri <b>o</b>	<b>.</b> 148 <b>- 18</b> 81 - 1				<b>1</b> 1/21/ <b>12</b> // 1 <b>7</b> //		
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Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.						] CHEC	K HERI	E IF MAR	KING C	HANGES	}		
City & State			City	City & State			`			59-30	66538	3			pplied For lot Applicable	<u>_</u>	
Zip	Zip Country			Zip C			Country			5. Certificate of Status Desired Fe					68.75 Additional ee Required		
	6. Name a	nd Address of Curren	t Registere	ed Agent		<del> </del>		7. Nan	ne and A	ddress	of New	Register	red Ag	ent		4	
<b>5</b> 115.5.	F4.00010# 11	*				Name										1.	
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	ARA CIRCLE	_		<del>,</del> <del></del>		<u></u>										_	
PENSACC	OLA FL 32505																
×1°1						City							FL	Zip Cod		]	
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· JICIYATONE	Signature, typed or	phted name of registered agei	nt and title if app	plicable. (NOT	E: Registere	ed Agent signatur						DA	TE	4/02	7-		
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Indexety certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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: