

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91882 001 *2,100.00

DOCUMENT # P00000094197

1. Entity Name
MANILI'S, INC.



Principal Place of Business
**550 ROBIN HILL CIRCLE
BRANDON FL 33510**

Mailing Address
**550 ROBIN HILL CIRCLE
BRANDON FL 33510**

55033088



2. Principal Place of Business

3210 Gulf Blvd.

3. Mailing Address

3210 Gulf Blvd

Suite, Apt. #, etc.

#104

Suite, Apt. #, etc.

#104

☐ CHECK HERE IF MAKING CHANGES

City & State

Belleair Beach Fl.

City & State

Belleair Beach Fl.

4. FEI Number

59-3675028

Applied For

Not Applicable

Zip

33786

Country

USA

Zip

33786

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATERI, ELIZABETH K
550 ROBIN HILL CIRCLE
BRANDON FL 33510**

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. 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
NAME
STREET ADDRESS
CITY - ST - ZIP

**STD
PATERI, MARK
550 ROBINHUE CR
BRANDON FL 33510**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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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

Elizabeth Pateri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/03 727-596-1912