

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED

Jun 02, 2001 8:00 am
Secretary of State

05-11-2001 90028 010 ***150.00

DOCUMENT # P00000108793

1. Entity Name

MANELLA MANAGEMENT, INC.

Principal Place of Business

Mailing Address

755 ISLAND WAY
CLEARWATER FL 33767

755 ISLAND WAY
CLEARWATER FL 33767

2. Principal Place of Business

3. Mailing Address

~~752 10TH AVE N. SUITE 103~~

~~Suite, Apt. #, etc.~~

~~ST. PETERSBURG~~

~~City & State~~

~~Zip~~

~~Country~~

~~34685~~

~~FLORIDA~~

~~Pinellas~~

~~MANELLA, FRANK~~

~~755 ISLAND WAY~~

~~CLEARWATER FL 33767~~

~~City~~

~~FL~~

~~Zip Code~~

~~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~~

~~TITLE~~

~~NAME~~

~~STREET ADDRESS~~

~~CITY-ST-ZIP~~

~~12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11~~

~~TITLE~~

~~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:~~

~~SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR~~

~~DATE~~

~~Daytime Phone #~~



DO NOT WRITE IN THIS SPACE

47630

4. FEI Number
59-3684401

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

18. 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)

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11. OFFICERS AND DIRECTORS

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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	

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SIGNATURE: Frank Manella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/15/2001 727-724-3969
Date Daytime Phone #

CR2E034 (10/00)