

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90109 020 ***150.00

DOCUMENT # P00000110538**1. Entity Name**
33 MANSELL GP, INC.**Principal Place of Business**
300 SE 2ND STREET
FT LAUDERDALE FL 33301**Mailing Address**
300 SE 2ND STREET
FT LAUDERDALE FL 33301**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1074406

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**JONES, PATRICIA**
300 SE 2ND ST
FT LAUDERDALE FL 33301**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**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **DP** ☐ Delete
NAME **STILES, TERRY**
STREET ADDRESS **300 SE 2ND ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33301****TITLE** **VT** ☐ Delete
NAME **EAGON, DOUGLAS P**
STREET ADDRESS **300 SE 2ND STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301****TITLE** **VS** ☐ Delete
NAME **JONES, PATRICIA**
STREET ADDRESS **300 SE 2ND ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33301****TITLE** **V** ☐ Delete
NAME **FERRERA, ROCCO**
STREET ADDRESS **300 SE 2ND ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33301****TITLE** **V** ☐ Delete
NAME **STINE, JAMES W**
STREET ADDRESS **300 SE 2ND ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33301****TITLE** **V** ☐ Delete
NAME **O'SHEA, DENNIS F**
STREET ADDRESS **300 SE 2ND ST**
CITY-ST-ZIP **FT LAUDERDALE FL 33301****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:***Patricia Jones*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-02 954-627-9300

CR2E034 (9/01)

Attachment 355830
DOC# P06000110538

UNIFORM BUSINESS REPORT

11. CONTINUED

TITLE: V

NAME: PALMER, STEPHEN R.

STREET ADDRESS: 300 SE 2nd St.

CITY-ST-ZIP: Ft. Lauderdale, FL 33301