

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000012499

1. Entity Name

MAINSHEET MANAGEMENT CORPORATION

Principal Place of Business

12880 VISTA PINE CIRCLE
FORT MYERS FL 33913

Mailing Address

1318 LAFAYETTE STREET
CAPE CORAL FL 33904

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

65-1073849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Gerry Nylese
Signature, typed or printed name of registered agent and date if applicable.

Gerry Nylese President
(NOTE: Registered Agent's Signature required when reappointing)

DATE

4-29-02

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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
NYLESE, GERALD
12880 VISTA PINE CIRCLE
FORT MYERS FL 33913

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
NYLESE, TARA
12880 VISTA PINE CIRCLE
FORT MYERS FL 33913

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Gerry Nylese
Signature and typed or printed name of signing officer or director

Date

4-29-02

Daytime Phone #

941-541-5305

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-28-2002 91790 036 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2003 (9/01)