

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

SECRETARY AV

DOCUMENT # **P01000012499**



1. Entity Name  
**MAINSHEET MANAGEMENT CORPORATION**

04-07-2003 90738 019 \*\*\*150.00

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  
**819 Chestnut Ct.**  
Suite, Apt. #, etc.

3. Mailing Address  
**Hill + Company CPA**  
Suite, Apt. #, etc.  
**1318 Lafayette Street**  
City & State  
**Cape Coral FL**

City & State  
**Marco Island, FL**

Zip  
**34145**

Country  
**Collier**

Zip  
**33904**

Country  
**US**

CHECK HERE IF MAKING CHANGES

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**

**NYLESE, GERRY**  
**12880 VISTA PINE CIRCLE**  
**FORT MYERS FL 33913**

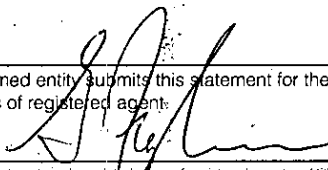
Name  
**Nylese, Gerry**

Street Address (P.O. Box Number is Not Acceptable)  
**819 Chestnut Ct.**

City  
**Marco Island FL**

Zip Code  
**34145**

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  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>NYLESE, GERALD</b> <b>12880 VISTA PINE CIRCLE</b> <b>FORT MYERS FL 33913</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>NYLESE, TARA</b> <b>12880 VISTA PINE CIRCLE</b> <b>FORT MYERS FL 33913</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Nylese, Gerald</b> <b>819 Chestnut Ct.</b> <b>Marco Island, FL 34145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>Nylese, Tara</b> <b>819 Chestnut Ct.</b> <b>Marco Island, FL 34145</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE REQUIRED** **4-3-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)