

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90093 007 \*\*\*550.00

DOCUMENT # P01000021500

1. Entity Name

BOONVENTURE ENTERPRISES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20974 SW 8th Ave

Suite, Apt. #, etc.

3. Mailing Address

20974 SW 8th Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEWBERRY, FL

Zip

32669

Country

USA

City & State

NEWBERRY, FL

Zip

32669

Country

USA

4. FEI Number

59-3710427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

MARGARET A. MANNIS

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

20974 SW 8th Ave

City

Newberry

FL

Zip Code

32669

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 Margaret Ann Mannis

Signature typed or printed name of registered agent Margaret Ann Mannis

(NOTE: Registered Agent signature required when reinstating)

PRESIDENT

9/5/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT, TREASURER	SECRETARY, DIRECTOR	MARGARET A. MANNIS	20974 SW 8th Ave Newberry, FL 32669
VICE-PRES.	DIRECTOR	JOHN R. MANNIS	20974 SW 8th Ave Newberry, FL 32669
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Ann Mannis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET A. MANNIS - PRESIDENT

9/5/02 352-362-0959  
Date Daytime Phone