

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91157 035 \*\*\*150.00

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**DOCUMENT # P01000023459**

1. Entity Name  
**MANNAH CONSTRUCTION GROUP, INC.**



Principal Place of Business  
225 TWISTING TRAIL  
ORLANDO FL 32825

Mailing Address  
2110 E ROBINSON STREET  
ORLANDO FL 32825



2. Principal Place of Business

3. Mailing Address

*Home*  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*Orlando, Florida*

City & State

4. FEI Number **59-3713592**

Applied For  
Not Applicable

Zip  
*32825*

Country  
*Orange*

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANNAH, JESSY**

~~2110 E ROBINSON STREET~~  
~~ORLANDO FL 32803~~

*225 Twisting Trl Orlando, FL 32825*

Name

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

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MANNAH, JESSICA</b>
STREET ADDRESS	<b>225 TWISTING TR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MANNAH, JAIME</b>
STREET ADDRESS	<b>225 TWISTING TR</b>
CITY-ST-ZIP	<b>ORLANDO FL 32825</b>
TITLE	<b>FRANCISCO DIAZ</b> <input type="checkbox"/> Delete
NAME	<b>225 Twisting Trl</b>
STREET ADDRESS	<b>ORLANDO, FL 32825</b>
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"/> Change <input type="checkbox"/> Addition
NAME	
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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	

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: *Jaime Mannah* V.P. 5/1/03 407 207-3079  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)