

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90085 003 \*\*\*550.00

**DOCUMENT # P01000024744**

1. Entity Name  
**MANDRICH ASSOCIATES INC.**

Principal Place of Business Mailing Address  
**3847 KINGSTON BLVD** **3847 KINGSTON BLVD**  
**SARASOTA FL 34238** **SARASOTA FL 34238**



DO NOT WRITE IN THIS SPACE

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

**521594688**

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

**MANDRICH, NICK JR**  
**3847 KINGSTON BLVD**  
**SARASOTA FL 34238**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing: ☐ **\$5.00** May Be  
 Trust Fund Contribution: ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME  
**MANDRICH, NICHOLAS D JR**  
 STREET ADDRESS  
**3847 KINGSTON BLVD**  
 CITY-ST-ZIP  
**SARASOTA FL 34238**

TITLE NAME  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
**MANDRICH, DEBORAH H**  
 STREET ADDRESS  
**3847 KINGSTON BLVD**  
 CITY-ST-ZIP  
**SARASOTA FL 34238** ☐ Delete

TITLE NAME  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
**D MANDRICH, NICHOLAS D**  
 STREET ADDRESS  
**3847 KINGSTON BLVD**  
 CITY-ST-ZIP  
**SARASOTA FL 34238** ☐ Delete

TITLE NAME  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE NAME  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE NAME  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE NAME  
 NAME  
 STREET ADDRESS  
 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)