2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100034432 1. Entity Name MANUMA ASSOCIATES, INC.							Apr 16, 2002 8:00 am Secretary of State 04-16-2002 90133 047 ***158.75					
Principal Place	ce of Business		Mailing Address									
SARASOTA FL			SARASOTA FL 34231				1 1881 1	1 49 1 911 1519 1 711	II 10 284 01 08 10 871	DOEDO ARIAL DIBAL DEDO	F FOLIA OFAF 1231	
2. Principal F	Place of Business WALACE AV	3. Mailing Address 100 un lace Avenue Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
Siu	te 100	Suite 100				DO NOT WRITE IN THIS SPACE						
Sarasota, FL			Sarasota, FL				4. FEI Nun	35-10	9455		Applied For Not Applicable	1
^{zip} 342	6. Name and Addres	<u>usuta</u>	34237	S	<u> </u>	<i>sta</i>	5. Certifica	ite of Status I	Desired E	Fee Requir		
	o. Name and Addres	s or current ne	gistered Agent		Name 1	N 1	7. Name a	_	of New Registe	егеа Аделт	<u></u>	1
BONE, DAVID D 1952 FIELD ROAD					Street Address (P.O. Box Number is Not Acceptable)							
SARASOTA FL 34231					Su City C	<u>lite</u>	100			FL Zip Co	de	-
8. The above	named entity subnits this	s statement for the	ne purpose of changing its	register		C(OS(r registered		ooth, in the S		1 L 32	/237	
© SIGNATURE	Signature, typed or printed name of	See	title if applicable. (NOTE	4	d Acces ciones	una saasiisaal si	hen reinstating)			1/23/0	2	
Tax filing	oration is eligible to satisfy requirement and elects to ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			.00 550.00	10. Election Campaign Financing \$5.00 May Be						
11.	OF	FICERS AND DI	RECTORS	12.		. 4		S/CHANGES	TO OFFICERS	AND DIRECTOR		_ ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERTIN, RONALD P 352-46 COURT EAST BRADENTON FL 3420	8	☐ Delete			JAN1 352	IDENT CE P. 4674 BENTO	GUEI COURT D FL		☐ Change	Addition	10/0/ 40010
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	9
TITLE NAME STREET ADDRESS^ CITY-ST-ZIP	ر د د هم موسطی یا چ مهمار مداد د	حمیات معمر − في بت	☐ Delete			<u></u>	المستعملين المستعدث	: 3-24		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAM STRE	:					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAMI STRE	E ET ADDRESS					☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAMI STRE						☐ Change	☐ Addition	
13. I hereby of indicated	pertify that the information on this report or supplem poration or the receiver of	supplied with the	is filing does not qualify for ue and accurate and that m ared to execute this report a	the exer	mption stat ure shall h	led in Secti ave the sal apter 607, F	ion 119,07(me legal eff Florida Statu	3)(i), Florida 3 ect as if mad ites; and that	Statutes. I furthe e under oath; th my name appe	er certify that the nat I am an office ears in Block 11 o	information or or director or Block 12 if	