

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P01000077423*

1. Entity Name

Port Manatee Commerce Center, Inc.



FILED

03 FEB 13 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100012461831

02/13/03--01050--002 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1201 Tallevast Rd

Suite, Apt. #, etc.

3. Mailing Address

1201 Tallevast Rd

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34243

Country

USA

Zip

34243

Country

USA

4. FEI Number

65-1127 815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Stanley A. RIGGS

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

1201 Tallevast Rd

City

SARASOTA

FL

Zip Code

34243

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-10-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE *ST*
NAME
STREET ADDRESS
CITY-ST-ZIP
Stanley A. RIGGS
1201 Tallevast Rd
SARASOTA FL 34243

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stanley A. RIGGS *2-9-03* *941-359-1100*

Date

Daytime Phone #