

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90137 039 ***150.00

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DOCUMENT # P01000091406

1. Entity Name
MANGO PANGO BOAT RENTALS, INC.



Principal Place of Business
**5710 OVERSEAS HWY
STOCK ISLAND FL 33040**

Mailing Address
**24713 PARK DRIVE
SUMMERLAND KEY FL 33042**

11063011



2. Principal Place of Business

3. Mailing Address

24 JADE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6

City & State

City & State

Key West, FL

Zip

Country

Zip

33046

Country

4. FEI Number

65-1137784

Applied For

Not Applicable

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

**GREENMAN, FRANKLIN D ESQ.
5800 OVERSEAS HIGHWAY
MARATHON FL 33050**

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

Valda Cross
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

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 **D** ☐ Delete
NAME **CROSS, LONNIE**
STREET ADDRESS **24713 PARK DRIVE**
CITY-ST-ZIP **SUMMERLAND KEY FL 33042**

TITLE ☒ Change ☐ Addition
NAME **24 JADE DR # 6**
STREET ADDRESS **Key West FL 33046**
CITY-ST-ZIP **Key West FL 33046**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 305294 2113

Date

Daytime Phone #

CR2E034 (10/02)