

2/7/1

## 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90008 008 \*\*\*\*50.00  
 03-25-2002 90196 010 \*\*\*100.00

DOCUMENT # P01000116759 ✓

1. Entity Name

MANIC MANAGEMENT, INC

Principal Place of Business

Mailing Address

1201 SE CARNAHAN AV  
 ARCADIA FL 34266

PO Box 1856  
 ARCADIA FL 34265

441041

2. Principal Place of Business

3. Mailing Address

~~1201 SE CARNAHAN AV~~  
~~Suite, Apt. #, etc.~~  
~~ARCADIA FL 34266~~

~~PO Box 1856~~  
~~Suite, Apt. #, etc.~~  
~~ARCADIA FL~~

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

34266 USA

34265 USA

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JESSICA WILKES  
 1201 SE CARNAHAN AV  
 ARCADIA FL 34266

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.

SIGNATURE

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

Jessica Wilkes

(NOTE: Registered Agent signature required when reinstating)

3/1/02

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<del>Owner</del>	<del>1201 SE CARNAHAN AV</del>	<del>ARCADIA FL 34266</del>	<input type="checkbox"/>
	<del>Cornelia Wilkes</del>	<del>1201 SE CARNAHAN AV</del>	<del>ARCADIA FL 34266</del>	<input type="checkbox"/>
	Cornelia Wilkes PRES.	1201 SE CARNAHAN AV	ARCADIA FL 34266	<input type="checkbox"/>
	RE			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (11/00)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Cornelia Wilkes

Cornelia Wilkes

PRES.

863-993-4556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1201 SE CARNAHAN AV  
 ARCADIA FL 34266

PRES.  
 PSN-245-6059