


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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000158 AV

DOCUMENT # P02000014896		
1. Entity Name CAPT. ERIC MANNINO, INC.		

FILED
03 OCT 27 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 435 S RIDGEWOOD AVE. #210 DAYTONA BEACH FL 32114	Mailing Address 435 S RIDGEWOOD AVE. #210 DAYTONA BEACH FL 32114
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2. Principal Place of Business 3672 Foxcroft Cir	3. Mailing Address 3672 Foxcroft Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State Oviedo FL	City & State Oviedo FL	4. FEI Number 03-0373936	Applied For <input type="checkbox"/> Not Applicable
Zip 32765	Country	Zip 32765	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANNING, ERIC 161 CHARLES ST EDGEWATER FL 32141	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

800023338318
09/25/03--01048--005 **150.00

STATEMENT 03 78

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

Date

Daytime Phone #

CR2E034 (4/03)

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October 12, 2003

Florida Dept. of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Capt. Eric Mannino, Inc.
Ref # P02000014896

Barbara Mitchell,

As per your letter dated September 29, 2003, I did not receive the original uniform business report (UBR). Please waive the \$400.00 late fee. You have previously received my \$150.00 fee. Please file my coporation application.

In addition, please make sure to note my new mailing address as indicated.

Sincerely,

Eric Mannino

Capt. Eric Mannino
3672 Foxcroft Cir.
Oviedo, FL 32765
(386)451-0580