

# 03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P02000046167

1. Entity Name

MANOMET MANAGEMENT INC.



03 JUN -5 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2 PALMETTO DRIVE

3. Mailing Address

2 PALMETTO DRIVE

Suite, Apt. #, etc.

SEWALL'S POINT

Suite, Apt. #, etc.

SEWALL'S POINT

City & State

STUART FLORIDA

City & State

STUART, FLORIDA

Zip

34996

Country

U.S.A.

Zip

34996

Country

U.S.A.

4. FEI Number

74-3041457

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SHEILA HARRIGAN

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

2 PALMETTO DRIVE

SEWALL'S POINT, FLORIDA

City

STUART

FL

Zip

34996

DO NOT WRITE  
IN THIS SPACE

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

*Sheila Harrigan*

"SHEILA HARRIGAN"

Current registered agent 6/2/03

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

(Note: Registered Agent's signature required when constituting)

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

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT  
HARRIGAN SHEILA  
2 PALMETTO DRIVE  
SEWALL'S POINT  
STUART, FLORIDA 34996

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

900020539749  
06/05/03--01024--005 \*\*158.7

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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:

*Sheila Harrigan* SHEILA HARRIGAN

6/2/03

772-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*President*

PRESIDENT

221-8251

772-221-8251

gals

CR2E034B (12/02)