


03 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN -5 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000046167
1. Entity Name
MANOMET MANAGEMENT INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2 PALMETTO DRIVE</u>		3. Mailing Address <u>2 PALMETTO DRIVE</u>	
Suite, Apt. #, etc. <u>SEWALL'S POINT</u>		Suite, Apt. #, etc. <u>SEWALL'S POINT</u>	
City & State <u>STUART FLORIDA</u>		City & State <u>STUART, FLORIDA</u>	
Zip <u>34996</u>	Country <u>U.S.A.</u>	Zip <u>34996</u>	Country <u>U.S.A.</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name	<u>SHEILA HARRIGAN</u>	
	Street Address (P.O. Box Number is Not Acceptable)	<u>2 PALMETTO DRIVE</u>	
	City	<u>STUART</u>	FL <u>34996</u>

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 (Not: Registered Agent's signature required when constituting) DATE

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25</p> <p>Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT HARRIGAN SHEILA 2 PALMETTO DRIVE SEWALL'S POINT STUART, FLORIDA 34996</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>900020539749 06/05/03--01024--005 **158.7</u>
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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)