


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-17-2003 90268 021 ***158.75

DOCUMENT # P02000060474

1. Entity Name
MANA HALE OF AMELIA, INC.



Principal Place of Business
**1708 MCARTHUR ST
FERNANDINA BEACH FL 32034**

Mailing Address
**1708 MCARTHUR ST
FERNANDINA BEACH FL 32034**



2. Principal Place of Business
86180 Hampton Bay Dr
Suite, Apt. #, etc.

3. Mailing Address
86180 Hampton Bay Dr
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Fernandina Beach, FL

City & State
Fernandina Beach, FL

Zip
32034

Country
Nassau

Zip
32034

Country
Nassau

4. FEI Number
06-1640108

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TOMASSETTI, A JEFFREY ESQ
406 ASH ST
FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name
Lanny M Rauer

Street Address (P.O. Box Number is Not Acceptable)
**501 Centre Street
Suite 101**

City
Fernandina Beach

FL

Zip Code
32034

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 **Lanny M Rauer** DATE **2/25/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CR2E034 (10/02)

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: **DORIS WILSON** **DIANE REID HAYES** DATE **2-1-03** DAYTIME PHONE **904 491-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR