

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90048 012 ***550.00

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DOCUMENT # P02000079391

1. Entity Name

MANJO INVESTMENTS INC.



Principal Place of Business

5341 PALMETTO ROAD
NEW PORT RICHEY FL 34652

Mailing Address

5341 PALMETTO ROAD
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FBI Number

41-2062359

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARK, AMANDA N
4201 41ST AVENUE N.
ST. PETERSBURG FL 33714

7. Name and Address of New Registered Agent

Name
AMANDA N. MARK
Street Address (P.O. Box Number is Not Acceptable)
5335 Palmetto Rd.
City
New Port Richey, FL Zip Code
34652

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

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

(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.

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\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MARK, AMANDA N
4201 41ST AVENUE N.
ST. PETERSBURG FL 33714

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
AMANDA N. MARK
5335 PALMETTO RD.
NEW PORT RICHEY FL 34652

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP

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☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-13-03 (70) 815-8820

CR2E034 (4/03)