

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000087657

1. Entity Name
MANASOTA CHEMICAL AND PAPER COMPANY, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90366 042 ***150.00

0548720 AV

Principal Place of Business
4501 MANATEE AVENUE WEST, SUITE 185
BRANDENTON FL 34209

Mailing Address
4501 MANATEE AVENUE WEST, SUITE 185
BRANDENTON FL 34209

2. Principal Place of Business
4523 30th ST. W. #110

3. Mailing Address
Suite, Apt. #, etc.

City & State
BRANDENTON, FL.

City & State

Zip
34209

Country
MANATEE

Zip

Country

4. FEI Number
02-0638861

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DASILVA, STANLEY P
4501 MANATEE AVENUE WEST, SUITE 185
BRANDENTON FL 34209

7. Name and Address of New Registered Agent

Name
MICHAEL R. CUMMING

Street Address (P.O. Box Number is Not Acceptable)
7811 1st AVE. W.

City
BRADENTON

FL Zip Code
34209

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 *Michael R. Cumming* MICHAEL R. CUMMING V.P. - GEN. MANAGER

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

DATE

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	D P DALILVA, STANLEY P 4501 MANATEE AVENUE WEST, SUITE 185 BRANDENTON FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT MICHAEL R. CUMMING 7811 1st AVE. W. BRADENTON, FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MICHAEL R. CUMMING 7811 1st AVE. W. BRADENTON, FL 34209	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MICHAEL R. CUMMING 7811 1st AVE. W. BRADENTON, FL 34209	<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 checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL CHAIRMAN MICHAEL R. CUMMING 7811 1st AVE. W. BRADENTON, FL 34209	<input type="checkbox"/> Change <input checked="" 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

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: *Michael R. Cumming* MICHAEL R. CUMMING 4/25/03 941.504.0920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)