

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

04-28-2003 90182 004 ***150.00

DOCUMENT # P02000093323

1. Entity Name
MY THREE SONS ENTERPRISE, INC.



Principal Place of Business
**442 SE BULKERTS
PORT ST. LUCIE FL 34983
US**

Mailing Address
**442 SE BULKERTS
PORT ST. LUCIE FL 34983
US**



2. Principal Place of Business
442 SE Volkerts terrace
Suite, Apt. #, etc.

3. Mailing Address
442 SE Volkerts Terrace
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number
38-3658106

Applied For
☐ Not Applicable

Zip
St. Lucie

Zip
St. Lucie

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANGOLD, MICHAEL
442 SE BULKERTS
PORT ST. LUCIE FL 34983**

collection

Name
Street Address (P.O. Box Number is Not Acceptable)
442 SE Volkerts terrace
City
FL Zip Code

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 \$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 ☒ Delete
President Michael J. Mangold
STREET ADDRESS
442 SE Volkerts Terrace
CITY-ST-ZIP
Port St. Lucie, FL 34983

TITLE
NAME ☐ Delete
Secretary / Treasurer Carol A. Mangold
STREET ADDRESS
442 SE Volkerts Terrace
CITY-ST-ZIP
Port St. Lucie, FL 34983

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 duties like empowered.

SIGNATURE:

Michael J. Mangold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03
Date

772-878-6601
Daytime Phone #

CR2E034 (10/02)