

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90101 016 ***150.00

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

DOCUMENT # P02000108269

1. Entity Name
MACMANUS, INC.



Principal Place of Business
8925 SADDLECREEK DRIVE
BOCA RATON, FL 33496

Mailing Address
8925 SADDLECREEK DRIVE
BOCA RATON, FL 33496

90152289

2. Principal Place of Business

118 ZAMORA AVE #A

Suite, Apt. #, etc.

3. Mailing Address

118 ZAMORA AVE #A

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

CORAL GABLES FL

Zip 33134

Country

City & State

CORAL GABLES FL

Zip 33134

Country

4. FEI Number

Applied for

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

STELLA, MACMANUS
8925 SADDLECREEK DRIVE
BOCA RATON, FL 33496

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

118 ZAMORA AVE #A

City

CORAL GABLES FL

Zip Code

33134

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

Stella Macmanus

8-19-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$81.25
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	P/S	<input type="checkbox"/> Delete
NAME	STELLA MACMANUS	
STREET ADDRESS	118 ZAMORA AVE #A	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 other like empowered.

SIGNATURE:

Stella Macmanus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-03

Date

Daytime Phone #

561-998-5287

CR2E034 (10/02)

Attachment

90152289

PD 2000/08269

August 19, 2003

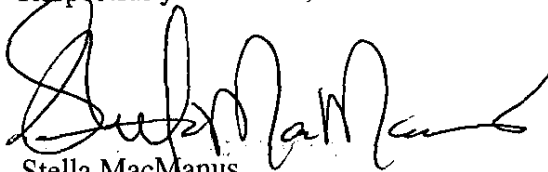
Department of State
Division of Corporation
Corporate filings
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs:

Please accept this report and the \$150.00 fee. I apologize for it being late, as I went through a separation/divorce during the time that I filed for my corporation, and I moved to the Miami area in October 2002.

After the separation, my documents were not forwarded to my new address. Today I learned that I needed to pay a \$150.00 fee attached to my report, and I immediately sent it. Please waive my \$400.00 penalty. I would very much appreciate it.

Respectfully submitted,



Stella MacManus
