

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

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

04-22-2003 90044 003 ***150.00

DOCUMENT # P02000114460

1. Entity Name

Mannifield Ranch, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5075 Disston Drive

Suite, Apt. #, etc.

3. Mailing Address

5075 Disston Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Cloud, Florida

Zip

34771

Country

U.S.A.

City & State

St. Cloud, Florida

Zip

34771

Country

U.S.A.

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dennis S. Lefkowitz, Esq.

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

2295 Corporate Blvd. N.W.

Suite 120

City

Boca Raton

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P/s/t/d
Michael J. Mannifield
5075 Disston Drive
St. Cloud, Florida 34771

TITLE
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael J. Mannifield

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-407-891-8773

CR2E034B (12/02)