CR2E034 (10/02)

FILED

Jan 10, 2003 8:00 am Secretary of State

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

P36829 DOCUMENT # 1. Entity Name



01-10-2003 90217 038 ***150.00 MANTON TRADING CORPORATION Principal Place of Business Mailing Address 40 GOLF COTTAGE DR 40 GOLF COTTAGE DR NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 06-0873249 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEUMANN, ROY G. Street Address (P.O. Box Number is Not Acceptable) 40 GOLF COTTAGE DR. NAPLES FL 34105 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State П Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NEUMANN, ROY G. NAME NAME 40 GOLF COTTAGE DR. STREET ADDRESS STREET ADDRESS NAPLES FL 34105 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NEUMANN, CAROLYN H. NAME NAME STREET ADDRESS 40 GOLF COTTAGE DR. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NEUMANN, ROY G. NAME STREET ADDRESS 40 GOLF COTTAGE DR STREET ADDRESS CITY-ST-ZIP NORWALK CT 34105 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE . Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

SIGNATURE: