

2001 UNIFORM BUSINESS REPORT (UBR)

00000000

DOCUMENT # P94000023557

1. Entity Name
MANGAN MASONRY, INC.

FILED
01 SEP 27 PM 2:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

8263 124TH TERRACE NORTH
LARGO FL 33779
US

Mailing Address

8263 124TH TERRACE NORTH
LARGO FL 33779
US

2. Principal Place of Business

1052 CANDLER RD
Suite, Apt. #, etc.
SUITE 1

3. Mailing Address

1052 CANDLER RD
Suite, Apt. #, etc.
SUITE 1

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33765

Country

USA

Zip

33765

Country

USA

4. FEI Number

59-3233345

Applied For

Not Applicable

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

MANGAN, THOMAS

8263 124TH TERRACE NORTH
LARGO FL 34643

Name

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

1052 CANDLER RD

SUITE 1

City

CLEARWATER

FL

Zip Code

33765

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME MANGAN, THOMAS
STREET ADDRESS 8263 124TH TERRACE NORTH
CITY-ST-ZIP LARGO FL 34643 ☐ Delete

TITLE
NAME
STREET ADDRESS 1052 CANDLER RD, ste. 1
CITY-ST-ZIP CLEARWATER, FL 33765 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS 700004642007-4
CITY-ST-ZIP -10/18/01-01066-015
****758.75 ****758.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/01

Date

727-580-2224

Daytime Phone #

CR2E034 (5/01)