

2002 UNIFORM BUSINESS REPORT (UBR)

0162178 AV

DOCUMENT # **P94000028557**

1. Entity Name

LARRY MANFREDI BIRDING TOURS, INC.

FILED

02 AUG -8 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**12305 SW 253RD TERRACE
PRINCETON FL 33032
US**

Mailing Address

**12305 SW 253TH TERRACE
PRINCETON FL 33032
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0484823

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MANFREDI, LARRY
12305 SW 253RD TERRACE
PRINCETON FL 33032**

Name

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

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 ☐ Delete
NAME **PD**
STREET ADDRESS **MANDREDI, LARRY**
CITY-ST-ZIP **12305 SW 253RD TERRACE
PRINCETON FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-17-2002 305-258-2607

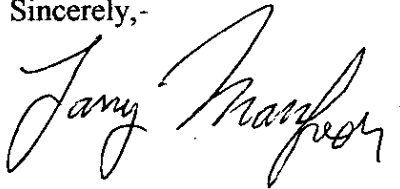
CR2E034 (9/01)

August 1, 2002

To Whom It May Concern,

Due to a serious illness of my son I was not able to send my report on time, please except my \$150 payment, thank you.

Sincerely,-

A handwritten signature in cursive script, reading "Larry Manfredi". The signature is written in dark ink and is positioned below the word "Sincerely,-".

Larry Manfredi
Larry Manfredi Birding Tours Inc.