

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000060097

1. Entity Name

OKEE-MANGO CORPORATION

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90009 038 \*\*\*150.00

Principal Place of Business

2328 S CONGRESS AVENUE  
SUITE 2A  
WEST PALM BEACH FL 33406

Mailing Address

2328 S CONGRESS AVENUE  
SUITE 2A  
WEST PALM BEACH FL 33406

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0515144

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

BROWN, DAVID W  
2328 S CONGRESS AVENUE  
SUITE 2A  
WEST PALM BEACH FL 33406

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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	BROWN, DAVID W	
STREET ADDRESS	9084 WINDING WOODS DR.	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOWELL, DOUGLAS	
STREET ADDRESS	3300 S W MAPP RD	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHELBY, RICHARD	
STREET ADDRESS	112 PRIVATEER COURT	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRAHAM, JANET	
STREET ADDRESS	14499 CYPRESS ISLAND CIRCLE	
CITY-ST-ZIP	PALM BEACH FL 33410	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/01 (561) 439-1433  
Daytime Phone #

CR2E034 (10/00)