

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91514 009 ***150.00

DOCUMENT # P94000068152

1. Entity Name

Mango Productions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7605 SW State Road 200

Suite, Apt. #, etc.

3. Mailing Address

7605 SW State Road 200

Suite, Apt. #, etc.

643289

DO NOT WRITE IN THIS SPACE

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number

59-3269226

Applied For

Not Applicable

Zip

34476

Country

USA

Zip

34476

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Peek, David H.

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

1609 Gulf Life Tower

Jacksonville

FL

Zip Code

32207

**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.

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	D
NAME	Lemieux, Guy J.
STREET ADDRESS	7605 SW State Road 200
CITY - ST - ZIP	Ocala FL 34476
TITLE	D
NAME	Lemieux, Elaine C.
STREET ADDRESS	7605 SW State Road 200
CITY - ST - ZIP	Ocala FL 34476
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy L. Lemieux, Director

4-18-02

352-854-6622

Date

Daytime Phone #

CR2E034B (12/01)