

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90062 040 ***150.00

DOCUMENT # P94000078809

1. Entity Name
MANAN, INC.

Principal Place of Business
7001-40, MERRILL ROAD,
JACKSONVILLE FL 32277

Mailing Address
7001-40, MERRILL ROAD,
JACKSONVILLE FL 32277



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 **59-3274815**

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

RUMPH, J. QUINTON
3100 UNIVERSITY BLVD. SOUTH
SUITE 101
JACKSONVILLE FL 32216

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
 NAME **D** ☐ Delete
PATEL, DAKSHESH J
 STREET ADDRESS **7001-40, MERRILL ROAD,**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **7001-40 Merrill Road,**
 CITY-ST-ZIP **JAA, FL-32277**

TITLE
 NAME **D** ☐ Delete
PATEL DAXA D
 STREET ADDRESS **7001-40, MERRILL ROAD,**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS **7001-40, Merrill Road,**
 CITY-ST-ZIP **JAA FL-32277**

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Change ☐ Addition
 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 and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAKSHESH J. PATEL

Date

Daytime Phone #

4/15/02 (904) 743-5664

CR2E034 (9/01)