

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90042 019 ***150.00

U0045/20 A1

DOCUMENT # P95000006530

1. Entity Name

MAHNEN COMPANY

Principal Place of Business

**5051 CAPE COLE BLVD.
PUNTA GORDA FL 33955**

Mailing Address

**PO BOX 769
BRUNSWICK OH 44212**

2. Principal Place of Business

57 BIG PINE LAKE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 769

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

Zip

33955

Country

USA

City & State

BRUNSWICK OH

Zip

44212-0769

Country

USA

4. FEI Number

65-0562397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-5-02

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

TITLE **P** ☐ Delete
NAME **MAHNEN, LAWRENCE C**
STREET ADDRESS **414 HAMPDEN COURT**
CITY-ST-ZIP **MEDINA OH 44256**

TITLE **T** ☐ Delete
NAME **MAHNEN, MARK**
STREET ADDRESS **5358 N. BEACON DRIVE**
CITY-ST-ZIP **AUSTINTOWN OH 44515**

TITLE **VPS** ☐ Delete
NAME **MURNAN, CAROL**
STREET ADDRESS **23166 CEDAR POINT ROAD**
CITY-ST-ZIP **BROOKPARK OH 44142**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

Date

Daytime Phone #

CR2E034 (9/01)