2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000013251

I. Entity Name		
MANI CODD	INIO	

NAN CURP., INC.

Principal Place of Business 43 \$ PALM AVE SARASOTA FL 34236

2. Principal Place of Business

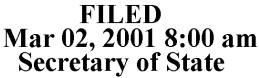
Suite, Apt. #, etc.

SIGNATURE

Mailing Address

1355 HARBOR DR. SARASOTA FL 34239

3. Mailing Address Suite, Apt. #, etc.



03-02-2001 90110 021 ***150.00



DO NOT WRITE IN THIS SPACE

DATE

City & State City & State 4. FEI Number Applied For 65-0556121 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Posistered Agent

AMERMAN, CARL E 1124 S. CYPRESS POINT DR. VENICE FL 34293

Than and Address of New Registered Agent				
Name				
Street Address (P.O. Box Numb	er is Not Acceptable)			-
City			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.

9.	This corporation is eligible to satisfy its Intangible
	Tax filing requirement and elects to do so.
	(See criteria on back)

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

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 DPST TITI F ☐ Delete ☐ Addition MONIHON, NANCY W NAME STREET ACCRESS 1355 HARBOR DR. STREET ADDRESS CITY-ST-ZIF SARASOTA FL 34239 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: