

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020901

1. Entity Name

LAW OFFICES OF JOSEPH J. MANCINI, P.A.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90210 030 ***150.00

Principal Place of Business

Mailing Address

145 N.W. CENTRAL PARK PLAZA
SUITE 200
PT. ST. LUCIE FL 34986
US

145 NW CENTRAL PARK PLAZE SUITE 200
PORT ST LUCIE FL 34986-2482
US

2. Principal Place of Business

3. Mailing Address

8000 So. U.S. 1

8000 So. U.S. 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 301

Suite 301

City & State

City & State

PORT ST. LUCIE FL

PORT ST. LUCIE, FL

Zip

Country

34952

USA

Zip

Country

34952

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, EVETT L.
145 N.W. CENTRA PARK PLAZA
SUITE 200
PT. ST. LUCIE FL 34986

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	MANCINI, JOSEPH J	
STREET ADDRESS	P.O. BOX 3744 N/A	
CITY-ST-ZIP	FORT PIERCE FL 34948	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 like empowered.

SIGNATURE:

JOSEPH J. MANCINI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/00 561-340-7230

CR2E034 (9/99)