

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90353 021 ***150.00

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DOCUMENT # P95000020901

1. Entity Name
LAW OFFICES OF JOSEPH J. MANCINI, P.A.



Principal Place of Business
**8000 SO US 1
SUITE 303
PORT SAINT LUCIE FL 34952
US**

Mailing Address
**8000 SO US 1
SUITE 303
PORT SAINT LUCIE FL 34952
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0568644**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name
JOSEPH J. MANCINI
Street Address (P.O. Box Number is Not Acceptable)
8000 So. U.S. 1, Suite 303
City **Port St. Lucie** **FL** Zip Code **34952**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph J. Mancini* **JOSEPH J. MANCINI**

4/10/03
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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	
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CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

772-340-7220
Daytime Phone #

CR2E034 (10/02)