

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90033 004 ***150.00

DOCUMENT # P95000036697

1. Entity Name
TAINO INCENTIVES & PREMIUMS, INC.

Principal Place of Business

1111 ABADY CT
 DELTONA FL 32725
 3063 ENTERPRISE RD
 DELTONA, FL 32713

Mailing Address

1111 ABADY CT
 DELTONA FL 32725
 PO BOX 5355
 DELTONA, FL 32728

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0581234

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

MANNEBACH, DAVID W
 1111 ABADY CT
 DELTONA FL 32725

7. Name and Address of New Registered Agent

Name

DANIEL A MANNEBACH

Street Address (P.O. Box Number is Not Acceptable)

801 Lincoln RD

City

Deland

FL

Zip Code

32224

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

2/22/02

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
 NAME MANNEBACH, KATHLEEN H
 STREET ADDRESS 1111 ABADY CT
 CITY-ST-ZIP DELTONA FL 32725 ☒ Delete

TITLE V
 NAME MANNEBACH, DAVID W
 STREET ADDRESS 1111 ABADY CT
 CITY-ST-ZIP DELTONA FL 32725 ☒ Delete

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 PRES
 NAME HELEN A TESTA
 STREET ADDRESS 801 Lincoln RD
 CITY-ST-ZIP Deland FL 32724 ☒ Change ☒ Addition

TITLE V.P.
 NAME DANIEL A MANNEBACH
 STREET ADDRESS 801 Lincoln RD
 CITY-ST-ZIP Deland FL 32724 ☒ Change ☒ Addition

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

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

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

TITLE ☐ Change ☐ 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:

Daniel A. Mannebach
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/02 386-668-1979

0074616

CR2E034 (9/01)