

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90178 046 ***150.00

0444180 AV

DOCUMENT # P95000046117

1. Entity Name
MANAGED ASSETS PLUS, INC.



Principal Place of Business
**152 WHITAKER ROAD
LUTZ FL 33549**

Mailing Address
**152 WHITAKER ROAD
LUTZ FL 33549**

2. Principal Place of Business
18115 U.S. Hwy 41 N.

3. Mailing Address
P.O. Box 272026

Suite, Apt. #, etc.
STE 300

Suite, Apt. #, etc.

City & State
LUTZ, FL

City & State
TAMPA, FL

Zip
33549

Country
USA

Zip
33688

Country
USA

4. FEI Number **59-3320045**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FORTUNE, KATHLEEN
14142 STONEGATE DR.
TAMPA FL 33624**

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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: **P** ☐ Delete
NAME: **FORTUNE, KATHLEEN P**
STREET ADDRESS: **14142 STONEGATE DR.**
CITY-ST-ZIP: **TAMPA FL 33624**

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

TITLE: **D** ☐ Delete
NAME: **FORTUNE, KATHLEEN P**
STREET ADDRESS: **14142 STONEGATE DR.**
CITY-ST-ZIP: **TAMPA FL 33624**

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: **V** ☐ Change ☒ Addition
NAME: **FORTUNE, RONALD L.**
STREET ADDRESS: **14142 STONEGATE DR.**
CITY-ST-ZIP: **TAMPA, FL 33624**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

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NAME: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

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

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

3-31-03

Date

813-948-2787

Daytime Phone #

CR2E034 (10/02)