

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91387 034 \*\*\*150.00

**DOCUMENT # P95000065117**

**1. Entity Name**  
**MANATEE MAGNETICS CORPORATION**

**Principal Place of Business**

**12297 US HWY 41 NORTH  
 PALMETTO FL 34221**

**Mailing Address**

**12297 US HWY 41 NORTH  
 PALMETTO FL 34221  
 US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**65-0738788**

Applied For

Not Applicable

**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**

**ROSSEL, JOHN JR  
 12297 US HWY 41 NORTH  
 PALMETTO FL 34221**

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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** CD ☐ Delete  
**NAME** ROESEL, JOHN F  
**STREET ADDRESS** 12297 US HWY 41 NORTH  
**CITY-ST-ZIP** PALMETTO FL 34221

**TITLE** PD ☒ Change ☐ Addition  
**NAME** Zimmer, Scott  
**STREET ADDRESS** 1343 MAIN Street  
**CITY-ST-ZIP** SARASOTA, FL 34236

**TITLE** VP ☒ Delete  
**NAME** KEMP, WILLIAM J  
**STREET ADDRESS** 12297 US HWY 41 NORTH  
**CITY-ST-ZIP** PALMETTO FL 34221

**TITLE** VD ☐ Change ☒ Addition  
**NAME** Neukom, George A.  
**STREET ADDRESS** 38444 Fifth Ave W  
**CITY-ST-ZIP** Zephyrhills FL 33541

**TITLE** SD ☒ Delete  
**NAME** SHETTL, PHILIP L  
**STREET ADDRESS** 1670 FOX RD  
**CITY-ST-ZIP** CLEARWATER FL 33764

**TITLE** SD ☐ Change ☒ Addition  
**NAME** HINES, READ  
**STREET ADDRESS** 144 Fiest Ave S Suite 500  
**CITY-ST-ZIP** St. Petersburg FL 33701

**TITLE** T ☐ Delete  
**NAME** BARBER, RONNIE J  
**STREET ADDRESS** 715 60TH STREET COURT EAST  
**CITY-ST-ZIP** BRADENTON FL 34208

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

**TITLE** D ☒ Delete  
**NAME** PILLSBURY, ALBERT L  
**STREET ADDRESS** 5206 26TH AVE W  
**CITY-ST-ZIP** BRADENTON FL 34209

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

**TITLE** D ☐ Delete  
**NAME** ZIMMER, SCOTT  
**STREET ADDRESS** 1343 MAIN ST, STE 400  
**CITY-ST-ZIP** SARASOTA FL 34236

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)