

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000176

1. Entity Name
M N O, INC.

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90006 029 ***150.00

Principal Place of Business

Mailing Address

15628 MLK BLVD
DOVER FL 33527
US

15628 MLK BLVD
DOVER FL 33527
US

C0006522



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3373179**

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

MCCLURE, JEFFREY C
5307 CINDY KAY DR
PLANT CITY FL 33567

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, 2001 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	VOIGTMANN, MAYNARD E	
STREET ADDRESS	7314 APPLGATE DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VOIGTMANN, ORIS L	
STREET ADDRESS	5227 TRAPNELL ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCLURE, JEFFERY C	
STREET ADDRESS	5307 CINDY KAY DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MCCLURE, CYNTHIA A	
STREET ADDRESS	5307 CINDY KAY DR	
CITY-ST-ZIP	PLANT CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Jeffery C. McClure Jeffery C. McClure

1/20/01

813-754-2958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0824554

CR2E034 (10/00)