## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## Sep 05, 2000 8:00 am Secretary of State DOCUMENT # P9600005046 1. Entity Name MCMANUS CUSTOM HOMES INC. 09-05-2000 90040 023 \*\*\*550.00 Principal Place of Business Mailing Address 1926 HILLVIEW ST 1926 HILLVIEW ST SARASOTA FL 34239 SARASOTA FL 34239 A0075078 3. Mailing Address FourTH 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0635978 SAeA≤⊘T∙ Not Applicable Country \$8.75 Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCMANUS, PATRICK 2303 DATURA ST SARASOTA FL 34239 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PERSIPENT Addition □ Delete TITLE TITLE PATRICK MCMANUS, PATRICK M CM ANUS NAME NAME 835 S. OSPREY AVE. 2303 DATURA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34239 Addition ☐ Change TITLE □ Delete TITLE HAGER, JOHN NAME NAME 3123 ESPANOLA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAROSOTA FL-34239 Addition ☐ Delete -~ TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 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

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