

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90043 016 \*\*\*150.00

0620814 AV

**DOCUMENT # P96000005046**

1. Entity Name

**MC MANUS CUSTOM HOMES INC.**

Principal Place of Business

**1240 FOURTH ST  
 SARASOTA FL 34236  
 US**

Mailing Address

**1240 FOURTH ST  
 SARASOTA FL 34236  
 US**

2. Principal Place of Business

**4023 SAWYER RD.**

3. Mailing Address

**4023 SAWYER RD.**

Suite, Apt. #, etc.

**STE. 102**

Suite, Apt. #, etc.

**STE. 102**

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

Zip

**34233**

Country

**USA**

Zip

**34233**

Country

**USA**

4. FEI Number

**65-0635978**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MC MANUS, PATRICK  
 835 S OSPREY AVE  
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

**PATRICK MC MANUS**

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

**3839 TANGIER TERRACE**

City

**SARASOTA**

**FL**

Zip Code

**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

*[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-25-02**

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

TITLE **P** ☐ Delete  
 NAME **MC MANUS, PATRICK**  
 STREET ADDRESS **835 S OSPREY AVE**  
 CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **V** ☐ Delete  
 NAME **HAGER, JOHN**  
 STREET ADDRESS **3123 ESPANOLA**  
 CITY-ST-ZIP **SAROSOTA FL 34239**

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 **P** ☒ Change ☐ Addition  
 NAME **MC MANUS PATRICK**  
 STREET ADDRESS **3839 TANGIER TERRACE**  
 CITY-ST-ZIP **SARASOTA, FL 34239**

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

TITLE ☐ Change ☐ Addition  
 NAME  
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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]* **PATRICK MC MANUS**

**3-25-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)