

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2003**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90977 025 ***150.00

DOCUMENT # P9600000 5046

1. Entity Name

MC MANUS CUSTOM HOMES, INC.



DO NOT WRITE IN THIS SPACE

11021826

2. Principal Place of Business

4023 SAWYER RD.

Suite, Apt. #, etc.

#102

3. Mailing Address

4023 SAWYER RD.

Suite, Apt. #, etc.

#102

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34233

Country

SARASOTA

Zip

34233

Country

SARASOTA

4. FEI Number

65-0635978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

MC MANUS, PATRICK

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$100.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
MC MANUS, PATRICK
3839 TANGIER TERR.
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VICE PRESIDENT
HAGER, JOHN
3123 ESPANOLA DR.
SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

JOHN R. HAGER, JR. V. Pres. 4.25.03 926-0079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200348 (12/02)