

**2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P96000024094**  
 1. Entity Name  
**J. MANNING, INC.**

**FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

06-20-2002 90059 009 \*\*\*150.00

062002  
AV

**870292**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 209 NE 1ST AVE OCALA FL 34470 US		Mailing Address 209 NE 1ST AVE OCALA FL 34470 US	
2. Principal Place of Business 100 N. magnolia #102 Suite, Apt. #, etc.		3. Mailing Address 100 N. magnolia #102 Suite, Apt. #, etc.	
4. City & State OKLA FL 34475		5. City & State OKLA FL 34475	
6. Name and Address of Current Registered Agent MANNING, JAMES 205 SE SANCHEZ AVE OCALA FL 34471		7. Name and Address of New Registered Agent 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 renewing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MANNING, JAMES 16094 S.W. 44 STREET OCALA FL 34481	NAME STREET ADDRESS CITY-ST-ZIP	<b>JAMES MANNING</b> 205 S. SANCHEZ AVE OKLA FL 34471
NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *JAMES E MANNING*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*JAMES E MANNING*

*4-27-02 352-369-2690*

Date Daytime Phone #

CR2E034 (9/01)



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State

May 21, 2002

*Attachment  
Document #  
P96000024094  
87 0292*

J. MANNING, INC.  
108 N MAGNOLIA  
# 102  
OCALA, FL 34475 US

Subject: **J. MANNING, INC.**

Reference Number: **P96000024094**

Please be advised, we have received your annual report/uniform business report; however, the report has not been filed and a copy is being returned for the following correction(s):

To be accepted by our bank, a check must be completed in its entirety. Both the numeric and written amounts must be completed.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE  
CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX  
1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE  
DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the  
Division of Corporations at (850) 488-9000.

/RG  
ANNUAL REPORTS SECTION