2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2002 8:00 am
Secretary of State
06-20-2002 90059 009 ***150.00

DOCUMENT # P96000024094

1. Entity Name
J. MANNING, INC.

Principal Place of Business
209 NE 1ST AVE
OCALA FL 34470
US

Mailing Address
209 NE 1ST AVE
OCALA FL 34470
US

870292

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
108 N. magnolia #102
Suite, Apt. #, etc.
City & State: OCALA FL
Zip: 34475
Country: US

3. Mailing Address
108 N. magnolia #102
Suite, Apt. #, etc.
City & State: OCALA FL
Zip: 34475
Country: US

4. FEI Number: 59-3366374 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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 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, 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 / Name / Street Address / City-St-Zip	Delete
D MANNING, JAMES 16094 S.W. 44 STREET OCALA FL 34481	☐
	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title / Name / Street Address / City-St-Zip	Change	Addition
JAMES MANNING 205 S. SANCHEZ AVE OCALA FL 34471	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

CR2E034 (9/01)

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: JAMES E MANNING 4-27-02 352-369-2090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES E MANNING

Attachment
Document #
P96000024094

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

87 0292

May 21, 2002

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