

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

**FILED**  
**Jun 11, 2002 8:00 am**  
**Secretary of State**

06-11-2002 90390 029 \*\*\*211.25

DOCUMENT # **P96000052145**

1. Entity Name

**MANZELLA PRODUCTS INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

**7220 8TH AVE NW**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BRADENTON**

City & State

**BRADENTON FL**

Zip

**34209 MANATEE**

Zip

**34209 MANATEE**

Country

Country

4. FEI Number

**65-0681288**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Joseph MANZELLA**

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

**7220 8TH AVE NW**

City

**BRADENTON**

FL

Zip Code

**34209**

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) ☐

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS MANZELLA Joseph 7220 8TH AVE NW BRADENTON FL 34209</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

**Joseph Manzella**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/6/02 941 798-9011**  
Date Daytime Phone

CR2E034B (12/01)