

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000055113**

1. Entity Name

MANTELL VENTURES, INC.

Principal Place of Business

**4403 MINK ROAD
SARASOTA FL 34235**

Mailing Address

**4403 MINK ROAD
SARASOTA FL 34235**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**MANTELL, EDWARD L
4403 MINK ROAD
SARASOTA FL 34235****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, 2001 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	<input type="checkbox"/> Delete
NAME	MANTELL, EDWARD L	
STREET ADDRESS	4403 MINK ROAD	
CITY-ST-ZIP	SARASOTA FL 34235	

TITLE	ST	<input type="checkbox"/> Delete
NAME	MANTELL, DOROTHY L	
STREET ADDRESS	4403 MINK ROAD	
CITY-ST-ZIP	SARASOTA FL 34235	

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/01

Date

(941) 355-7290

Daytime Phone #



DO NOT WRITE IN THIS SPACE

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90183 033 ***150.00

CR2E034 (10/00)