

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077435

1. Entity Name
FUZZY MANGO, INC.

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90254 001 *****8.75
05-05-2001 90254 002 ***150.00

Principal Place of Business
1013 SE 12TH AVE
CAPE CORAL FL 33990
US

Mailing Address
P.O. BOX 802
BOKEELIA FL 33922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0691536

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REED, ROBERT C
18220 ELMWOOD DR
ALVA FL 33920

Name Robert C. Reed

Street Address (P.O. Box Number is Not Acceptable)
7940 Barrancas Ave.

City Bokeelia

FL

Zip Code 33922

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	REED, ROBERT C	
STREET ADDRESS	18220 ELMWOOD DR.	
CITY-ST-ZIP	ALVA FL 33920	
TITLE	VT	<input type="checkbox"/> Delete
NAME	REED, DAVID H	
STREET ADDRESS	7821 BARRANCAS AVE	
CITY-ST-ZIP	BOKEELIA FL 33922	
TITLE	M	<input type="checkbox"/> Delete
NAME	REED, JOYCE H	
STREET ADDRESS	18220 ELMWOOD DR	
CITY-ST-ZIP	ALVA FL 33920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7940 Barrancas Ave.
CITY-ST-ZIP	Bokeelia, FL 33922
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	766 Pondella Rd, L159
CITY-ST-ZIP	N. Ft. Myers, FL 33903
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7940 Barrancas Ave.
CITY-ST-ZIP	Bokeelia FL 33922
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Robert C. Reed

4/26/01

941 574 0028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)