

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000063603

1. Entity Name

KENNETH L. MANN, P.A.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90206 040 ***150.00

Principal Place of Business

Mailing Address

105 E. ROBINSON ST., STE. 540
ORLANDO FL 32801

P.O. BOX 551
ORLANDO FL 32802-0551

2. Principal Place of Business

120 E. Robinson Street

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

4. FEI Number

59-3464970

Applied For

Not Applicable

Zip

32801

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN, KENNETH L
105 E. ROBINSON ST., STE. 540
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Mann, Kenneth L.

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

120 E. Robinson Street

City
Orlando

FL

Zip Code
32801

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, 2000 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
DPST
MANN, KENNETH L.
105 E. ROBINSON ST., STE. 540
ORLANDO FL 32801

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MANN, KENNETH L.
120 E. ROBINSON STREET
ORLANDO, FL 32801

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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

Date

Daytime Phone #

4/12/00 407/422-0006

CR2E034 (9/99)