FILED 2001 Unif**orm Business** Report (UBR) May 16, 2001 8:00 am DOCUMENT # P97000066675 **Secretary of State** 05-16-2001 90251 042 ***150.00 MANCHESTER ENTERPRISES, INC. Principal Place of Business Mailing Address 7901 LUDIAM ROAD 7901 LUDLAM ROAD C0067846 SUITE 204 SUITE 204 MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business 3. Mailing Address 5. HARBOR DRIVE 32 S. HARBOR DRIVE Suite, Apt. #, etc Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number KEY LARGO KEY LARGO 65-0772564 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33032 33037 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANCHESTER, JEFFREY 7901 LUDIAM ROAD SUITE 204 MANCHESTER JEFFREY Street Address (P.O. Box Number is Not Acceptable) 32 S. HARBOR DRIVE MIAMI, FL 33143 Zip Code KEY LARGO 33037 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DIRECTOR Change ☐ Addition CR2E034 (11/00) TITLE DIRECTOR TITLE ☐ Delete MANCHESTER, JEFFREY C. 7901 LYDIAM ROAD SUITE 204 MANCHESTER JEFFREY C. NAME NAME 32 5. HARBCA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33143 KEY LARGO, FL 33037 TITLE ☐ Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-ZIP TITLE Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: REAND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR