

2000 UNIFORM BUSINESS REPORT (UBR)

8/22/00-90223-009-\$150.00-\$150.00

DOCUMENT # P97000082659

1. Entity Name

MANGCO, INC.

FILED

00 SEP 25 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10074092

Principal Place of Business

223 LITHIA PINECREST RD
BRANDON FL 33511

Mailing Address

223 LITHIA PINECREST RD
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

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

DELOACH, R. MICHAEL ESQ.

223 LITHIA
PINECREST RD
BRANDON FL 33511

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MANGRUM, ROBERT D
2455 THORNHILL ROAD
AUBURNDAL FL 33823 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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)(l), 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/00

(913) 64-3411

CR2E034 (5/00)

Form **SS-4**(Rev February 1998)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)► **Keep a copy for your records.**

EIN

OMB No. 1545-0003

PLEASE
PRINT
CLEARLY
OR**1** Name of Applicant (legal name) (see instructions)**MANGCO, INC.****2** Trade Name of Business (if different from name on line 1)**3** Executor, Trustee, Care of Name**R. MICHAEL DELOACH, ESQ.****4a** Mailing Address (street address) (room, apartment, or suite number)**223 LITHIA PINECREST ROAD****5a** Business Address (if different from address in lines 4a and 4b)**P. O. BOX 6273****4b** City State ZIP Code**BRANDON FL 33511****5b** City State ZIP Code**LAKELAND FL 33807****6** County and State Where Principal Business is Located**HILLSBOROUGH, FLORIDA****7** Name of Principal Officer, General Partner, Grantor, Owner, or Trustor — SSN or ITIN may be required (see instructions)**ROBERT D. MANGRUM****8a** Type of entity (Check only one box) (see instructions)**Caution:** If applicant is a limited liability company, see the instructions for line 8a.☐ Sole proprietor (SSN)☐ Partnership☐ REMIC☐ State/local government☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Personal service corp☐ National Guard☐ Farmers' cooperative☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ►☐ Trust☐ Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country
(if applicable) where incorporated

State

FLORIDA

Foreign Country

9 Reason for applying (Check only one box.) (see instructions)☒ Started new business (specify type) ► **CONSTRUCTION**☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Hired employees. (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Other (specify) ►**10** Date business started or acquired (month, day, year) (see instructions)**09/24/97****11** Closing month of accounting year (see instructions)**DECEMBER****12** First date wages or annuities were paid or will be paid (month, day, year). **Note:** If applicant is
a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)► **N/A****13** Highest number of employees expected in the next 12 months. **Note:** If the applicant
does not expect to have any employees during the period, enter '0' (see instructions) ►

Nonagricultural

0

Agricultural

0

Household

0**14** Principal activity (see instructions) ► **COMMERCIAL CONSTRUCTION****15** Is the principal business activity manufacturing?☐ Yes☒ No

If 'Yes,' principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.☐ Business (wholesale)☒ Public (retail) ☐ Other (specify) ►☐ N/A**17a** Has the applicant ever applied for an employer identification number for this or any other business? ☒ Yes ☐ No**Note:** If 'Yes,' please complete lines 17b and 17c.**17b** If you checked 'Yes' on line 17a, give applicant's legal name & trade name shown on prior application, if different from line 1 or 2 above.Legal name ► **ROBERT D. MANGRUM**Trade name ► **MANGRUM CONSTRUCTION, INC.****17c** Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate Date When Filed (month, day, year)

07/25/83

City and State Where Filed

DAYTONA BEACH

Previous EIN

FL 59-2312080

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business Telephone Number
(include area code)**(813) 752-4780**Fax Telephone Number (include
area code)**(813) 757-6251**Name and Title (Please type or print clearly.) ► **ROBERT D. MANGRUM, PRESIDENT**

Signature ►

Date ► **09/07/00****Note:** Do not write below this line. For official use only.Please leave
blank ►

Geo

Ind

Class

Size

Reason for Applying



FAX COVER LETTER

Fax 1-678-530-6156

Please deliver the following 2 pages including cover letter. If you do not receive the correct number of pages, please call immediately.

To: <u>FEIN #</u>	From: <u>Lynda Weaver</u>
Company: <u>INTERNAL REVENUE</u>	Date: <u>9/7/00</u>

☐ For Your Information

☐ Request for Quotation

☐ Need By _____

☐ Quotation

☐ Sign and Return

Comments: see attached.

GENERAL CONTRACTORS
INDUSTRIAL ☐ COMMERCIAL SPECIALISTS
P. O. Box 6273, Lakeland, FL 33807
Phone (813) 752-4780
Fax (813) 757-6251

HP OfficeJet
Personal Printer/Fax/Copier/Scanner

Fax History Report for
Mangrum Construction, Inc
(813) 757-6251
Sep-7-00 12:02pm

Last Fax

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
Sep 7	12:01pm	Sent	16785306156	1:07	2	OK

R. MICHAEL DE LOACH, P.A.

ATTORNEYS AT LAW

**223 LITHIA PINECREST ROAD
BRANDON, FLORIDA 33511**

***R. MICHAEL DeLOACH**

TELEPHONE: (813)654-3411

FACSIMILE: (813)654-6912

*Board Certified Civil Trial Lawyer
*Certified County and Circuit Mediator
*Also admitted in New Mexico

September 21, 2000

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

VIA FED EX
8154 2422 2140
TO
409 E. GAINES ST.
TALLAHASSEE, FL 32399

Re: Document No.: P97000082659
Entity Name: Mangco, Inc.

Dear Sir or Madam:

Pursuant to the directive contained in your August 23, 2000 letter, enclosed please find the 2000 Uniform Business Report for Mangco, Inc. together with a copy of the FEI Number application.

If you have any additional questions or comments, please do not hesitate to contact the undersigned directly.

Sincerely,



R. Michael DeLoach

RMD/hld

Enclosure

cc: Mangco, Inc.