

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90158 013 ***150.00

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DOCUMENT # P97000082659

1. Entity Name

MANGCO, INC.

Principal Place of Business

**223 LITHIA-PINECREST RD
BRANDON-FL-33911**

Mailing Address

**223 LITHIA-PINECREST RD
BRANDON-FL-33911**

2. Principal Place of Business

6427 County Line Road

3. Mailing Address

PO Box 6273

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

City & State

LAKELAND, FL

Zip

33567

Country

USA

Zip

33807

Country

USA

4. FEI Number

59-3668630

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DELOACH, R. MICHAEL ESQ.
223 LITHIA-PINECREST RD
BRANDON FL 33511**

7. Name and Address of New Registered Agent

Name **R. MICHAEL DELOACH ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
1206 MILLENNIUM PARKWAY
Suite 2001
City **BRANDON** FL Zip Code **33511**

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

R. MICHAEL DE LOACH

2/1/01

(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 **PSTD** ☐ Delete
NAME **MANGRUM, ROBERT D**
STREET ADDRESS **2455 THORNHILL ROAD**
CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Mangrum

Date

Daytime Phone #

2-8-01 813-752-4780

CR2E034 (10/00)