

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104594

1. Entity Name

MANN TRANSPORTATION GROUP, INC.

Principal Place of Business

365 TAFT-VINELAND ROAD
SUITE #103
ORLANDO FL 32824
US

Mailing Address

P.O. BOX 590392
ORLANDO FL 32859
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 720609

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

Country

32872

USA

4. FEI Number 59-3482068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANN, GARY M
8281 LAKE ONDERHILL ROAD
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name Mann, Gary M

Street Address (P.O. Box Number is Not Acceptable)
8281 Lake Underhill Rd

City Orlando

FL

Zip Code 32825

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

GARY M. MANN - President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-3-01

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 D
NAME MANN, GARY M
STREET ADDRESS P.O. BOX 590392 N/A
CITY-ST-ZIP ORLANDO FL 32859 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME mann, Gary M
STREET ADDRESS P.O. Box 720609
CITY-ST-ZIP Orlando FL 32872 ☐ Change ☐ Addition

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

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

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

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

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)(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: *GARY M. MANN*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-03-01 407-382-8400

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90127 038 ***150.00

CU044162



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)