

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

REMARKS AT

03-28-2002 90785 009 \*\*\*150.00

DOCUMENT # **P97000104594**

1. Entity Name  
**MANN TRANSPORTATION GROUP, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**365 TAFT-VINELAND ROAD**  
**SUITE #103**  
**ORLANDO FL 32824**  
**US**

Mailing Address  
**P.O. BOX 720609**  
**ORLANDO FL 32872**  
**US**

2. Principal Place of Business  
**6839 Narcoossee Rd**

3. Mailing Address  
 Suite, Apt. #, etc.  
**Suite 45**

City & State  
**Orlando, FL**

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** State **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 MANN** *Gary Mann* **President** **3.18.02**  
 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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANN, GARY M</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 720609</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32872</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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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: **GARY MANN** *Gary Mann* **3.18.02 407-382-8965**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)