## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** P97000106222 DOCUMENT #

1. Entity Name

Principal Place of Business

2. Principal Place of Business

4015 1ST STREET

**BRADENTON FL 34208** 

Suite, Apt. #, etc.

BIRBILIS, PETER

5720 1ST AVE DRIVE N.W. **BRADENTON FL 34209** 

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

City & State

Zip

SIGNATURE

M & N OF MANATEE, INCORPORATED

Country



Mailing Address 11035027 4015 1ST STREET **BRADENTON FL 34208** 3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 65-0800057 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition Delete TITLE NAME STREET ADDRESS CITY-ST-7IP

FILED

05-02-2003 90232 024 \*\*\*150.00

May 02, 2003 8:00 am Secretary of State

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE BIRBILIS, PETER -NAME 5720 1ST AVENUE DRIVE NW STREET ADDRESS **BRADENTON FL 34209** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET AGORESS CITY-ST-7/P CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Addition Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 supplied ental 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 ruffee empowered of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or ruffee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of of the receive execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a

SIGNATURE: