

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90054 027 ***150.00

DOCUMENT # P98000000766	
1. Entity Name MENGER ASSOCIATES, INC.	
Principal Place of Business 4522 SCHOONER LN LYNN HAVEN FL 32444	Mailing Address 4522 SCHOONER LN LYNN HAVEN FL 32444



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4443 Baywood Dr Suite, Apt. #, etc.	3. Mailing Address 4443 Baywood Dr. Suite, Apt. #, etc.
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City & State Lynn Haven, FL	City & State Lynn Haven, FL
Zip 32444	Zip 32444
Country USA	Country USA

4. FEI Number 59-3487389	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MENGER, JOHN H 4522 SCHOONER LN LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent Name Thomas Menger Street Address (P.O. Box Number is Not Acceptable) 4443 Baywood Dr City Lynn Haven FL Zip Code 32444
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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 THOMAS MENGER, PRESIDENT DATE 4-13-01 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)</small>
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9. This corporation is eligible to satisfy its tangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MENGER, JOHN 4522 SCHOONER LN LYNN HAVEN FL 32444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENGER, DONNA 46 TOWN FARM ROAD WESTMINSTER MA 01473 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MENGER, THOMAS 4443 BAYWOOD DR LYNN HAVEN FL 32444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MENGER, ANITA 4443 BAYWOOD DR LYNN HAVEN FL 32444 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENGER, DONNA 4522 SCHOONER LN LYNN HAVEN, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: THOMAS MENGER, PRESIDENT DATE 4/13/01 DAYTIME PHONE # 850 271 2625 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>

CR2E034 (10/00)