

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006392

1. Entity Name

MANKEN APPRAISAL SERVICES, INC.

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90060 049 \*\*\*150.00

Principal Place of Business

2154 ROSSELLE STREET  
JACKSONVILLE FL 32204  
US

Mailing Address

2154 ROSSELLE STREET  
JACKSONVILLE FL 32204  
US

UUU23404

2. Principal Place of Business

1760 Shadowood Lane  
Suite, Apt. #, etc.  
Ste 400

3. Mailing Address

1760 Shadowood Lane  
Suite, Apt. #, etc.  
Ste 400



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3487502

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32207

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANKEN, JAMES  
2154 ROSSELLE ST.  
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name

MANKEN, JAMES

Street Address (P.O. Box Number is Not Acceptable)

1760 Shadowood Lane, Ste 400

City

Jacksonville

FL

Zip Code

32207

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

*[Signature]*

JAMES MANKEN

☒

3-23-01

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 P/D  
NAME MANKEN, JAMES  
STREET ADDRESS 4638 MARTINGALE RD  
CITY-ST-ZIP JACKSONVILLE FL 32204

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/D  
NAME MANKEN, JAMES  
STREET ADDRESS 1760 Shadowood Lane, Ste 400  
CITY-ST-ZIP Jacksonville, FL 32207

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 reports 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:

*[Signature]*

JAMES MANKEN  
President

3-23-01

Date

904-396-0008

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)

001271