2002 Uniform Business Report (UBR)

Mar 29, 2002 8:00 am \$ DOCUMENT # P98000020393 **Secretary of State** 1. Entity Name 03-29-2002 90835 016 ***150.00 GILBERT & MANJURA MERCHANDISE, INCORPORATED Principal Place of Business Mailing Address 101 W PALMETTO AVE 101 W PALMETTO AVE LONGWOOD FL 32750-4144 LONGWOOD FL 32750-4144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3498473 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANJURA, BONNIE D Street Address (P.O. Box Number is Not Acceptable) 1840 WINGFIELD DR LONGWOOD FL 32779-2707 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Change Addition TITLE NAME MC MAHAN, LINDA NAME 1424 FALCONCREST BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 327.12 TITLE ☐ Delete TITLE Addition PDT MANJURA, BONNIË NAME NAME STREET ADDRESS STREET ADDRESS 1840 WINGFIELD DR CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779-2707 TITLE --Delete_ TITLE ☐ Change Addition D - ---NAME GILBERT, EDWARD NAME STREET ADDRESS STREET ADDRESS 1709 INVERNESS CT CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE: