2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91707 014 ***150.00

050078 AV

DOCUMENT # P98000024600

1. Entity Name
MANATEE PRODUCTS, INC.

Principal Place of Business	Mailing Address
2060 TIMBERLINE DR NAPLES FL 34109	2060 TIMBERLINE DR NAPLES FL 34109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0823540 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ABBATE, ANTHONY 2060 TIMBERLINE DRIVE ~~FORT MYERS FL 33919~~ Naples FL 34109-7124	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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] 4/30/02
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. (See criteria on back) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	PD ABBATE, ANTHONY 2060 TIMBERLINE DR NAPLES FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ABBATE, VERONICA 2060 TIMBERLINE DR NAPLES FL 34109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: [signature] President 4/30/02 941-513-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 8/8/02

STATE OF NEW JERSEY

OFFICE OF REGISTRAR OF VITAL STATISTICS #1980002460

BOROUGH OF HASBROUCK HEIGHTS, BERGEN COUNTY, NEW JERSEY

This is to Certify that the following is correctly copied from a record of Death on file in my office.

APR 29 2002
Date of Issue

Marilyn deRussy
Registrar of Vital Statistics
218-222 BOULEVARD
HASBROUCK HEIGHTS, N.J. 07604

DO NOT ACCEPT THIS CERTIFICATE UNLESS THE RAISED SEAL OF REGISTRAR OF VITAL STATISTICS IS AFFIXED HEREON

"CORRECTED SEE ATTACHMENT"

REG-18 AUG 99

New Jersey Department of Health and Senior Services

CERTIFICATE OF DEATH

STATE USE ONLY

Items 1 and 2 to be typed by Funeral Director

To be printed by Physician

TIME OF DEATH | DATE OF DEATH | CAUSE | PLACE OF ACC. | CROSS CLASS.

1. NAME OF DECEASED (First): SALVATORE (Middle): | (Last): ABBATE

2. DATE OF DEATH: 25Apr2002

3. SEX: M

4. DATE OF BIRTH: 04Apr1915

5a. AGE - Last Birthday (yrs.): 87

5b. UNDER 1 YEAR: Months | Days

5c. UNDER 1 DAY: Hours | Minutes

6. SOCIAL SEC. NO.: 062 16 2992

7a. PLACE OF DEATH: ☐ HOSPITAL: ☐ INPATIENT ☐ ER/OUTPATIENT ☐ DOA ☐ OTHER: ☐ NURSING HOME ☒ RESIDENCE ☐ OTHER (Specify)

7b. FACILITY NAME (If not institution, give street and no.): 232 Ceadar Lane

7c. CITY/TOWN OR LOCATION: River Vale

7d. COUNTY: Bergen

8a. RESIDENCE - (State): NJ

8b. COUNTY: Bergen

8c. CITY OR TOWN: River Vale

8d. STREET AND NUMBER: 232 Cedar Lane

8e. INSIDE CITY LIMITS? ☒ YES ☐ NO

8f. ZIP CODE: 07675

9. BIRTHPLACE (City & State, or Foreign Country): New York City, NY

10a. DECEDENT EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO

10b. IF YES, WAR: DATES (From/To):

11. MARITAL STATUS: ☐ NEVER MARRIED ☒ MARRIED ☐ WIDOWED ☐ DIVORCED

12. SURVIVING SPOUSE (If Wife, Maiden Name): Sadie Grutta

13. USUAL OCCUPATION (Kind of work done most of life, even if retired): Interier Decorator

14. KIND OF BUSINESS OR INDUSTRY: Funniture

15. NAME AND ADDRESS OF LAST EMPLOYER: Abbate Decorators Paterson, NJ

16. RACE: 1 ☒ WHITE 2 ☐ BLACK 3 ☐ AMER. INDIAN 4 ☐ OTHER (Specify)

17. OF HISPANIC ORIGIN? ☐ YES ☒ NO (IF YES, SPECIFY: 1 ☐ MEXICAN 2 ☐ PUERTO RICAN 3 ☐ CUBAN 4 ☐ CENT./SO. AMERICA 5 ☐ OTHER (Specify))

18. DECEDENT'S EDUCATION - Highest Grade Completed: 12 yrs

19. NAME OF FATHER (First): Anthony | (Middle): | (Last): Abbate

20. MAIDEN NAME OF MOTHER (First): Josephine | (Middle): Grutta | (Last):

21a. NAME OF INFORMANT: Sadie Abbate

21b. RELATIONSHIP: Wife

22a. DISPOSITION: ☒ BURIAL ☐ CREMATION ☐ ENTOMBMENT ☐ OTHER (Specify):

22b. NAME OF CEMETERY OR CREMATORY: George Washington Memorial Park

22c. CITY OR TOWN: Paramus

22d. STATE: NJ

23a. NAME AND ADDRESS OF FUNERAL HOME: Hennessey-Powell Funeral Home 232 Kipp Ave Hasbrouck Heights, NJ 07604

23b. SIGNATURE OF FUNERAL DIRECTOR: [signature]

23c. N.J. LICENSE NO.: JP03560

24a. SIGNATURE OF LOCAL REGISTRAR: Marilyn deRussy

24b. DATE RECEIVED: 4/29/02

29. DEATH DUE TO: ☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

30a. DATE OF INJURY

30b. TIME OF INJURY - M

30c. INJURY AT WORK? ☐ YES ☐ NO

30d. DESCRIBE HOW INJURY OCCURRED

30e. PLACE: ☐ STREET ☐ OTHER (Specify): ☐ HOME ☒ OFFICE BUILDING ☐ FARM ☐ FACTORY

30f. LOCATION OF INJURY (Number and Street)

30g. CITY AND COUNTY

30h. STATE

31a. NAME AND ADDRESS OF CERTIFIER: ~~SHORT-ANENED~~ 33310 DITCOK RD Scottsdale AZ 85262

~~WORTHINGTON OH 43085~~

☒ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER ☐ PRONOUNCER AND CERTIFIER

31b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED DUE TO CAUSES LISTED ABOVE.

SIGNATURE OF CERTIFIER: [signature]

31c. DATE SIGNED: 4-26-02

H4933

INSTRUCTIONS

(1) Print or type. Print with black ball

MGI FORMS-SYSTEMS H050-02

Attachment 8/8/03

STATE OF NEW JERSEY

OFFICE OF REGISTRAR OF VITAL STATISTICS

#1980062406

BOROUGH OF HASBROUCK HEIGHTS, BERGEN COUNTY, NEW JERSEY

This is to Certify that the following is correctly copied from a record of Death on file in my office

[redacted]

APR 29 2002

Date of Issue

Marilyn deRussy

Registrar of Vital Statistics
218-222 BOULEVARD
HASBROUCK HEIGHTS, N.J. 07604

Name/s on Original Record: Salvatore Abbate

DO NOT ACCEPT THIS CERTIFICATE UNLESS THE RAISED SEAL OF REGISTRAR OF VITAL STATISTICS IS AFFIXED HEREON.

SECTION 1

Check Box and Enter Date and Location in Space Provided

☐ Birth ☐ Marriage ☒ Death

Apr. (Month) 25 (Day) 2002 (Year) River Vale (City or Township) Bergen (County)

Items Omitted or In Error	As Item APPEARS NOW	As Item SHOULD APPEAR
7b	Ceadar Lane	Cedar Lane
13	Interier Decorator	Interior Decorator
14	Funniture	Furniture

SECTION 2

Your Signature: Kathryn A. Russell Date: 28 Apr 02

Witness Signature: Linda L. Powell Date: 29 Apr 02

Your Address: 252 Kipp Ave HASBROUCK HTS NJ 07604

Witness Address: 15 Washington Tpke HASBROUCK HTS NJ 07604

How Do You Know Such Information is Correct? typographical errors

SECTION 3

_____ being duly sworn, says that (s)he has knowledge of the facts concerning this event and that all information shown in SECTION 1 is true and correct.

Your Signature	Age	Relationship	Witness Signature	Age	Relationship

Address: _____ Address: _____

Subscribed and sworn to before me at _____ this _____ day of _____ 19 ____

Signature: _____ Official Title: _____

Registrar Must List Here the Type of Document Seen, the Date Originally Made and its Custodian.

Marilyn deRussy C.M.R. 4/29/02

New Jersey Department of Health and Senior Services
VITAL STATISTICS, P.O Box 370, Trenton, N.J. 08625-0370
REQUEST FOR CORRECTION OR ADDITION TO ORIGINAL RECORD OF BIRTH, MARRIAGE, OR DEATH
(Type or Print with unfading Ink. This is a Permanent Record.) Penalty for False Statement - $500.00

MGL FORMS-SYSTEMS 1050-02