2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

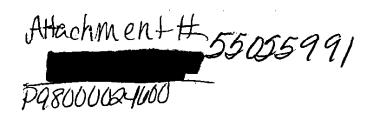
FILED Sep 08, 2003 8:00 am Secretary of State

239-513-0102

8-19-03

UN	IFURM BUSINI	233 KEPUK	I (UBK)	_ ' Secretary or State
1. Entity Nan	MENT # P9800 E PRODUCTS, INC.	00024600 (L) /		08-25-2003 90098 005 ***150.00
Principal Place of Business 2060 TIMBERLINE DR NAPLES FL 34109		Mailing Address 2060 TIMBERLINE DR NAPLES FL 34109		55055991
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number APPLIED FOR Applied For Not Applicable
Zip	Country	. Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Name	
ABBATE, ANTHONY 2060 TIMBERLINE DRIVE			Street Addres	s (P.O. Box Number is Not Acceptable)
FORT MYERS FL 33919				
			City	FL Zip Code
6. The above the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requi	red when reinstating) DATE
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Fiorida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABBATE, ANTHONY 2050 TIMBERLINE DR NAPLES FL 34109	☐ Delete ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 77 Addition Change Addition 80 Additio
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 S
TITLE NAME		☐ Delete	TITLE	Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the con	on this report or supplemental report is	true and accurate and that movered to execute this report a	y signature shall have the	section 119.07(3)(i), Fiorida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Manatee Products. Inc. 2060 Timberline Drive Naples, Florida 34109-7124



Dear Sirs:

I respectfully request the late fee be waived since I did not receive prior notice of this filling fee. This is a small business and as a service-disabled veteran, I cannot afford an accountant to file reports.

Please find enclosed my \$150.00 check. Appreciate your understanding.

Authory J. Abbate - Anthony J. Abbate Owner - President