## 2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2002 8:00 am Secretary of State

DOCUMENT # P98000035468  1. Entity Name WASH MANN, INC.				05-16-2002 90052 018 ***150.00	
2.3	DO NOT WRITE	IN THIS SI	PACE		
2. Principa 3535	2. Principal Place of Business 3535 ENSIGN CIRCLE 3. Mailing Address 3535 ENSIGN C			<u></u>	
Suite, A	Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.		ON CIRCLE		
City & S	tate	City & State		DO NOT WRITE IN THIS S	PACE
Zip	Y BEACH, FL Country	DELRAY BEA		4. FEI Number 65-0833313	Applied For Not Applicable
33483		Zip 33483	Country	5. Certificate of Status Desired	8.75 Additional
szi eniseteniszt	<u> Vitario de la composição de la composi</u>			7. Name and Address of Current Registered	ee Required Agent
	DO NOT W	DITE	Mame MANN,	DENNIS T.	
			Street Addre 3535 E	ss (P.O. Box Number is Not Acceptable) INSIGN CIRCLE	
	IN THIS SP	ACE		CINCIE	
			City		Zin Code
8. The abov	e named entity submits this statemer	nt for the purpose of change	DELRAY	BEACH FL r registered agent, or both, in the State of Florida.	Zip Code 33483
SIGNATURE		•		registered agent, or both, in the State of Florida.	
GIGHATORE	Signature, typed or printed name of regist	tered agent and title if applica	ble. (NOTE: Registered	Aggetainet	
9. This corp	oration is eligible to satisfy its Intanci	ble January 1	- May 1 Fee is \$150 no	Agent signature required when reinstating)	DATE
l ax ming	requirement and elects to do so.	After Ma	ay 1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
11	OFFICERS AND D	Make Check Pay	able to Department of S	Trust Fund Contribution.	Added to Fees
TITLE	D OFFICERS AND D	IRECTORS			
NAME	MANN, DENNIS L.		NAME		
STREET ADDRESS CITY - ST - ZIP	LOGGO TROTAIN CIV	CLE	STREET ADDRESS		
TITLE	DELRAY BEACH, F	L 33483	CITY - ST - ZIP		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE NAME		•	TILE .		
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CITY - ST - ZIP			STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE	
TITLE			TITLE		
NAME STREET ADDRESS			NAME	IN THIS SPACE	
CITY - ST - ZIP			STREET ADDRESS		
TITLE			CITY - ST - ZIP		
NAME			NAME		
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS		
TITLE			CITY - ST - ZIP		
VAME			TITLE		
STREET ADDRESS			STREET ADDRESS		
3. Thereby card	tife that the information		Altry on the		
3. 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 637. Florida Statutes. I further certify that I am appears in Block 11 or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 637. Florida Statutes.					
an officer or director of 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 appears in Block 11 or on an attachment with an address, with all other like empowered.					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					