

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 998000072822 ✓

1. Entity Name  
**DEMAN CONSULTING, INC**

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**  
 06-08-2000 90434 009 \*\*\*150.00

Principal Place of Business Mailing Address

2. Principal Place of Business  
**9405 Willow Cove Ct**

3. Mailing Address  
**P.O. Box 46937**

Suite, Apt. #, etc.

City & State  
**Tampa, Florida**

City & State  
**Tampa, FL**

Zip  
**33647**

Country  
**U.S.A.**

4. FEI Number **352 8324**  
~~59-333333~~

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANK J. MANGANELLA**  
**9405 WILLOW COVE CT**  
**TAMPA, FL 33647**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating)

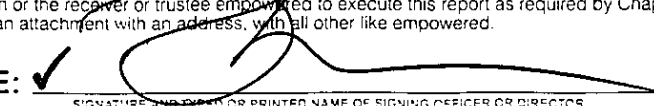
**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres</b> <b>FRANK J. MANGANELLA</b> <b>9405 WILLOW COVE CT.</b> <b>TAMPA, FL 33647</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00059467

DO NOT WRITE IN THIS SPACE