

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State
 04-05-2000 90105 027 ***150.00

DOCUMENT # P98000074518
 1. Entity Name

MANFORD CORPORATION

Principal Place of Business Mailing Address
 28000 Spanish Wells Blvd. P. O. Box 2686
 Bonita Springs, FL 34135 Bonita Springs, FL 34133

2. Principal Place of Business 3. Mailing Address
 28000 Spanish Wells Blvd P. O. Box 2686
 Suite, Apt. #, etc. Suite, Apt. #, etc.

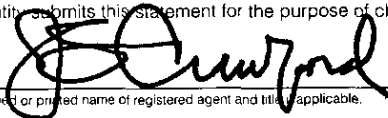
City & State City & State
 Bonita Springs, FL 34135 Bonita Springs, FL 34133
 Zip Country Zip Country
 34135 USA 34133-2686 USA

4. FEI Number 59-3529355 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Crawford, J. Stephen
 5117 Castello Drive, Suite 2
 Naples, FL 34103

7. Name and Address of New Registered Agent
 Name
 Crawford, J. Stephen
 Street Address (P.O. Box Number is Not Acceptable)
 28000 Spanish Wells Boulevard
 City Zip Code
 Bonita Springs, FL FL 34135

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  (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, 2000 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	D/P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crawford, J. Stephen		NAME		
STREET ADDRESS	28000 Spanish Wells Blvd.		STREET ADDRESS		
CITY-ST-ZIP	Bonita Springs, FL 34135	<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D/S		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mann, Patricia		NAME		
STREET ADDRESS	28000 Spanish Wells Blvd.		STREET ADDRESS		
CITY-ST-ZIP	Bonita Springs, FL 34135	<input type="checkbox"/> Delete	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  3/2/9/00 (941) 949-1818
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)