## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

P98000074899 DOCUMENT #

Mailing Address

2 Mailing Address

CLEARWATER FL 33767

887 SOUTH GULFVIEW BOULEVARD

1. Entity Name

JOSEPH E. MANNION, INC.

Principal Place of Business

**CLEARWATER FL 33767** 

887 SOUTH GULFVIEW BOULEVARD

9. Dringing Place of Business



**FILED** Jan 30, 2003 8:00 am Secretary of State

01-30-2003 90117 016 \*\*\*150.00

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| FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MANNION, JOSEPH E 887 SOUTH GULFVIEW BOULEVARD CLEARWATER FL 33767  TITLE MANNION, ELIZABETH R 887 SOUTH GULFVIEW BLVD CLEARWATER FL 33767  TITLE MANNE SIRRET ADDRESS CITY-ST-ZIP  TITLE MANNE SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS CITY-ST-ZIP SIRRET ADDRESS SIRRE  | z. Frincipal Flace of dusiness |  | 5. Mailing Address               |                               |  |   |                   |            |  |
|---|--------------------------------|--|----------------------------------|-------------------------------|--|---|-------------------|------------|--|
| SPS-SS3941  | Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.              |                               |  | CHECK HERE IF MAKING CHANGES                |                   |            |  |
| S. Certificate of Status Desired   Foo Propulation   Foo Propulati  | City & State Ci                |  | City & State                     | City & State                  |  | 59-3533841                                  |                   | •          |  |
| MANNION, LIZABETH R 1150 CLEVELAND STREET SUFFE 300 CLEARWATER FL 33755  The above named entity submits this statement for this purpose of changing its registarroit officer or registered agent, or both, in the State of Florida. I am farmithm with, and accept needing submits this statement for this purpose of changing its registarroit officer or registered agent, or both, in the State of Florida. I am farmithm with, and accept needed agent and that applicable.  THLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florido Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILLE MANNION, JOSEPH E MANNION, JOSEPH E MANNION, JOSEPH E MANNION, JOSEPH E MANNION, BLIZABETH R MANNION, ELIZABETH R MA  | Zip                            | Country  | Zip                              | Country                       | 5. 0   | Certificate of Status Desired               |                   |            |  |
| MANNION, ELIZABETH R 1150 CLEVELAND STREET SUITE 300  CLEARWATER FL 33755  City FL Zip Code  6. The above remained entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I sm familiar wim, and accept the obligators of registered agent and the fill suplicable.  Signature  Fill Now/III FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  PD NAME STREET ADDRESS OFFI-ST 2P  CLEARWATER FL 33767  TITLE  MANNION, SIZABETH R  MANNION, ELIZABETH R  MANNION, ELIZABETH R  MANNION, ELIZABETH R  MANNION, ELIZABETH R  MANNION SIZABETH R  MANNI  | ,e                             | 6. Name and Address of Current                         | Registered Agent                 |                               | 7. N   | lame and Address of New Registered          | Agent             |            |  |
| SPECIAL AND STREET SUITE 300  CLEARWATER FL 33755  City  City  FL  Zip Code  City  City  FL  Zip Code  City  FL  Zip Code  City  City  FL  Zip Code  City  City  FL  Zip Code  City  C  |                                |  |                                  | Name                          | Name   |   |                   |            |  |
| SUITE 300 CLEARWATER FL 33755  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept memoral properties of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept memoral properties of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept memoral properties of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept memoral properties of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept memoral properties of Florida Department of State of Florid  | MANNION, ELIZABETH R           |  |                                  | Street Add                    | Street Address (P.O. Box Number is Not Acceptable) |   |                   |            |  |
| CITY PL 2IP COMP  8. The above named entity submits this statement for the purpose of changing its registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    File NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 | 1150 CLE                       | VELAND STREET  |                                  |                               |  |   |                   |            |  |
| 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. I am familiar with, and accept monopligations of registered agent.  SIGNATURE    Signature   Signature to protect name of registered agent and title it applicable.   (NOTE Registered Agent spinsure required when residucing)   DATE  | SUITE 300                      | )  |                                  |                               |  |   |                   |            |  |
| THE CODING TO Registered agent.    SIGNATURE  | CLEARWATER FL 33755            |  |                                  | City                          | City FL Zip Code                                   |   |                   |            |  |
| SIGNATURE  FILE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE MANNION, JOSEPH E 87 SOUTH GULFVIEW BOULEVARD CLEARWATER FL 33767  TITLE NAME SIRRET ADDRESS CITY-51-2P  TITLE MANNION, ELIZABETH R AST SOUTH GULFVIEW BLVD CLEARWATER FL 33767  TITLE MANNION SIRRET ADDRESS CITY-51-2P  TITLE MANNIE MANNIE SIRRET ADDRESS CITY-51-2P  TITLE MANNIE MAN  |                                |  | the purpose of changing its      | registered office or re       | egistered age                                      | ent, or both, in the State of Florida. I an | ı familiar with,  | and accept |  |
| FILE NOW!!! FEE IS \$15.000 After May 1, 2003 Fee will be \$55.00 May Be Added to Fees Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11  TILE MANNION, JOSEPH E STREET ADDRESS OTHY-ST-ZIP  TITLE MANNION, LIZZABETH R STREET ADDRESS OTHY-ST-ZIP  TITLE MANNION, ELIZABETH R STREET ADDRESS OTHY-ST-ZIP  TITLE MANNION, ELIZABETH R STREET ADDRESS OTHY-ST-ZIP  TITLE MANNION, ELIZABETH R STREET ADDRESS OTHY-ST-ZIP  TITLE MANNION STREET ADDRESS OTHY-ST-ZIP  TITLE MANNE  T  | tilo obliga                    | tions of registered agent.                             |                                  |                               |  |   |                   |            |  |
| After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIUE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-   | SIGNATURE                      | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTI    | E: Registered Agent signature | required when rei                                  | instating) DATE                             |                   | <u> </u>   |  |
| After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIUE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-   |                                | NE NOWILL EEE IS \$150.00                              |                                  |                               | · I  |   |                   |            |  |
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| MANNION, JOSEPH E MANNION, GLEARWATER FL 33767  TITLE MANNE STREET ADDRESS CITY-ST-ZIP  TITLE MANNION, ELIZABETH R 887 SOUTH GULF-VIEW BLVD CLEARWATER FL 33767  TITLE MANNE STREET ADDRESS CITY-ST-ZIP   |                                |  | State 1                          |                               |  | Trust Fund Contribution.                    | ⊔ Adde            | d to Fees  |  |
| MANNION, JOSEPH E 807 SOUTH GULFVIEW BOULEVARD CITY-ST-ZIP  TITLE MANNION, ELIZABETH R 807 SOUTH GULFVIEW BLVD CLEARWATER FL 33767  TITLE MANNION, ELIZABETH R 807 SOUTH GULFVIEW BLVD CLEARWATER FL 33767  TITLE MANNION, ELIZABETH R 807 SOUTH GULFVIEW BLVD CLEARWATER FL 33767  TITLE MANNE SIREET ADDRESS CITY-ST-ZIP  TITLE MANN  | 10.                            | OFFICERS AND I   | DIRECTORS                        | 11.                           | ADI  | DITIONS/CHANGES TO OFFICERS AN              | D DIRECTOR        | S IN 11    |  |
| STREET ADDRESS CITY-ST-ZIP  TITLE MANNION, ELIZABETH R STREET ADDRESS CITY-ST-ZIP  TITLE MANNION, ELIZABETH R STREET ADDRESS CITY-ST-ZIP  TITLE MANNION, ELIZABETH R STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET AD  | TITLE                          |  | ☐ Delete                         | TITLE                         |  |   | Change            | ☐ Addition |  |
| CITY-ST-ZIP  CLEARWATER FL 33767  TITLE MANNION, ELIZABETH R SARET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | NAME                           |  |                                  | NAME                          |  |   |                   |            |  |
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| STREET ADDRESS CITY-ST-ZIP  TITLE    Delete   TITLE   | TITLE                          | · <del>-</del>   | ☐ Delete                         |                               |  |   | Change            | ☐ Addition |  |
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| CITY-ST-ZIP  CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  |                                |  |                                  |                               |  |   |                   |            |  |
| ITILE         Delete         TITLE         Change         Addition           NAME         NAME         STREET ADDRESS         STREET ADDRESS         CITY-ST-ZIP         CITY-ST  |                                |  |                                  |                               |  |   |                   |            |  |
| NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  |                                |  | <u> </u>                         |                               |  |   |                   | - Addison  |  |
| STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP   |                                |  | ∟J Delete                        |                               |  |   | Unange            | ☐ Addition |  |
| CITY-ST-ZIP CITY-ST-ZIP   | STREET ADDRESS                 |  |                                  | 1                             |  |   |                   | Ì          |  |
| 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   | CITY-ST-ZIP                    |  |                                  |                               |  |   |                   |            |  |
|   | 12. j hereby d                 | certify that the information supplied with             | this filing does not qualify for | the exemption stated          | l in Section 1                                     | 19.07(3)(i), Florida Statutes. I further ce | ertify that the i | nformation |  |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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