## 548382 AV

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

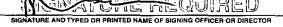
UN	<b>IFOR</b>	M BUSINE	SS REPOR	T (L	JBR)			Apr 10, 200	JS 8:	UU .	am
DOCUMENT # P98000089254  1. Entity Name MANATEE ENTERPRISES, INC.							Secretary of State 04-10-2003 90138 040 ***150.00				
Principal Plac 220 22ND ST BRADENTON	. N.E.	3	Mailing Address 220 22ND ST. N.E. BRADENTON FL 34208								
2. Principal F	Place of Busin	ess A TRACC CIRCC	3. Mailing Address 2849 RIVER TRACE CIRCLE			uc				<b>                                    </b>	
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					CHECK HERE IF MAK	ING CHANG	ES	
City & Stat	ELMI	, FL.	City & State BRADENTON IFL-				4. FEI Number 65-0870035 Applied For Not Applicable				
Zip 3420	34208 U.S. A.		34208	_		5. Certificate of Status Desire			Fee Required		
6. Name and Address of Current Registered Agent							7. Na	me and Address of New Register	ed Agent		<u> </u>
GADE, ARUN 220 22ND ST. N.E. BRADENTON FL 34208					Street Add	lress (F	P.O. Box	Number is Not Acceptable)			
	\$ \$7.5 7.65 17.5			City	-u.		F	Zip C	Code		
	tions of regist				ed office or re			it, or both, in the State of Florida. I a		ith, and	accept —
Afte	r May 1, 200	FEE IS \$150.00 Forida Department of	itate				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.				
10.		OFFICERS AND D	DIRECTORS	11.			ADD	ITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN	11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GADE, AR 220 22ND BRADENT		☐ Delete		- 1	28	ag Lad	RIVER TRACE ENTON, PL. 3	CARC 4201	_	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete		:		-		☐ Chang		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete			<del>~_</del> •			☐ Chan	ge 🗀	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete						☐ Chanç	ge 🗆	Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE					☐ Chang	je 🗌	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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



4/8/02

941-742-3965

Daytime Phone #

CR2E034 (10/02)