

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002257

1. Entity Name

MANCINELLI INVESTMENT GROUP, INC.

FILED

Feb 01, 2000 8:00 am  
Secretary of State

02-01-2000 90032 050 \*\*\*150.00

Principal Place of Business

Mailing Address

1555 A1A SOUTH. APT. 33  
ST. AUGUSTINE FL 32084

1555 A1A SOUTH. APT. 33  
ST. AUGUSTINE FL 32084-5431

2. Principal Place of Business

4815 29th Ave S.  
Suite, Apt. #, etc.

3. Mailing Address

4815 29th Ave. S.  
Suite, Apt. #, etc.

City & State

Gulfport FL  
Zip 33711 Country Pinellas

City & State

Gulfport FL  
Zip 33711 Country Pinellas

4. FEI Number

59-3551611

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MANCINELLI, PAUL M  
1555 A1A SOUTH, APT. 33  
ST. AUGUSTINE FL 32084

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE D  
NAME MANCINELLI, PAUL M  
STREET ADDRESS 1555 A1A SOUTH, APT. 33  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 4815 29th Ave S.  
CITY-ST-ZIP Gulfport, FL 33711

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

MANCINELLI, PAUL M

1-15-2000

727-321-5851

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #