

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

02-26-2002 90147 015 ***150.00

DOCUMENT # P99000002257

1. Entity Name

MANCINELLI INVESTMENT GROUP, INC.

Principal Place of Business

**4815 29TH AVE S
 GULFPORT FL 33711**

Mailing Address

**4815 29TH AVE S
 GULFPORT FL 33711**

2. Principal Place of Business

237 7th Ave N.

3. Mailing Address

Box 668

Suite, Apt. #, etc.

#2

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

33701

County

Pinellas

Zip

33731

County

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

7. Name and Address of New Registered Agent

**MANCINELLI, PAUL M
 4815 29TH AVE. S.
 GULFPORT FL 33711**

Name

Paul Mancinelli

Street Address (P.O. Box Number is Not Acceptable)

237 7th Ave.

St. Petersburg, FL 33701

City

St. Petersburg, FL 33701

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

2-5-2002

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, 2002 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 ☐ Delete
 NAME **D. MANCINELLI, PAUL M**
 STREET ADDRESS **4815 29TH AVE S**
 CITY-ST-ZIP **GULFPORT FL 33711**

TITLE ☐ Delete
 NAME **VP BLANK, SCOTT P** → **Blank**
 STREET ADDRESS **3918 PALMICA AVE**
 CITY-ST-ZIP **TAMPA FL 33629**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 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:

SIGNATURE OF SIGNED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-5-2002

CR2E034 (9/01)