

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000008075

1. Entity Name

DON MANN AND ASSOCIATES, INC

FILED
Jul 11, 2000 8:00 am
Secretary of State

07-11-2000 90002 017 ***150.00

Principal Place of Business

825 4th STREET
VERO BEACH, FL.
32962

Mailing Address

P O BOX 650296
VERO BEACH, FL.
32965-0296

2. Principal Place of Business

825 4th STREET
Suite, Apt. #, etc.

3. Mailing Address

P O BOX 650296
Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

4. FEI Number

65-0903815

Applied For

Not Applicable

Zip

32962

Country

INDIAN

Zip

32965-0296

Country

INDIAN

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHARD L. LAMB ESQ
P O BOX 6704
VERO BEACH, FL. 32960

7. Name and Address of New Registered Agent

Name

DON MANN, JR.

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

825 4th STREET

City

VERO BEACH

FL

Zip Code

32962

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

Don Mann Jr.

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

(NOTE: Registered Agent signature required when re-registering)

4-26-2000

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	P/D	<input type="checkbox"/> Delete
NAME	DON MANN, JR.	
STREET ADDRESS	825 4th STREET	
CITY-ST-ZIP	VERO BEACH, FL. 32962	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Don Mann Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000

Date

Daytime Phone #

CR2E034 (9/99)