

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90120 012 ***150.00

DOCUMENT # P99000042191

1. Entity Name
R. J. MANNINO, INC.

Principal Place of Business
**3300 N. STATE ROAD 7
 LIVE OAK DRIVE, BOX D 362
 HOLLYWOOD FL 33021-2158**

Mailing Address
**3300 N. STATE ROAD 7
 LIVE OAK DRIVE, BOX D 362
 HOLLYWOOD FL 33021-2158**



2. Principal Place of Business
16139 DOWNERS DRIVE EAST
 Suite, Apt. #, etc.

3. Mailing Address
16139 DOWNERS DRIVE EAST
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LOXAHATCHEE, FL.
 Zip
33470
 Country
USA

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 Zip
33470
 Country
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4. FEI Number **65-0924432** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MANNINO, RALPH
 3300 N. STATE ROAD 7
 LIVE OAK DRIVE, BOX D 362
 HOLLYWOOD FL 33021-2158**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
16139 DOWNERS DRIVE EAST
 City **LOXAHATCHEE** **FL** Zip Code **33470**

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: *Ralph Mannino* **4/28/02**
 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, 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

TITLE ☐ Delete
DPS
 NAME **MANNINO, RALPH JR.**
 STREET ADDRESS **3300 N. STATE ROAD 7**
 CITY-ST-ZIP **HOLLYWOOD FL 33021-2158**

TITLE ☐ Delete
 NAME **DVT**
 NAME **AULD, KATHLEEN**
 STREET ADDRESS **3300 N. STATE ROAD 7**
 CITY-ST-ZIP **HOLLYWOOD FL 33021-2158**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **16139 DOWNERS DRIVE EAST**
 CITY-ST-ZIP **LOXAHATCHEE, FL. 33470**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **16139 DOWNERS DRIVE EAST**
 CITY-ST-ZIP **LOXAHATCHEE, FL. 33470**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Ralph Mannino*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 **9543256722**
 Date Daytime Phone #

0151059 AV

CR2E034 (9/01)