

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90047 006 ***150.00

DOCUMENT # P99000048421

1. Entity Name

MANDE ENTERPRISES, INC.

Principal Place of Business

P.O. BOX 966
 VENICE FL 34285

Mailing Address

P.O. BOX 966
 VENICE FL 34285

2. Principal Place of Business

191 S. McCall Rd
 Suite, Apt. #, etc.

3. Mailing Address

3140 SUNSET BEACH DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ENGLEWOOD FL

City & State

VENICE FL

4. FEI Number

65-0987787

Applied For

Not Applicable

Zip

34223

Country

USA

Zip

34293

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MANDERSON, MARIE J
3140 SUNSET BEACH BLVD.
VENICE FL 34293

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, 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
 NAME **D MANDERSON, MARIE J**
 STREET ADDRESS **P.O. BOX 966 N/A**
 CITY-ST-ZIP **VENICE FL 34285**

TITLE ☐ Delete
 NAME **ST MANDERSON, BRIAN**
 STREET ADDRESS **3140 SUNSET BEACH DRIVE**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Marie J. MANDERSON **MARIE J. MANDERSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-11-02

Daytime Phone #

941-475 8489

CR2E034 (9/01)