

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90107 010 ***150.00

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DOCUMENT # P990000050293

1. Entity Name
NORMAN MANN CARPENTRY, INC.



Principal Place of Business
3447 EASTLAKE DR.
LAND O'LAKES FL 34639

Mailing Address
3447 EASTLAKE DR.
LAND O'LAKES FL 34639

2. Principal Place of Business
5438 DREXEL RD.
Suite, Apt. #, etc.

3. Mailing Address
5438 DREXEL RD.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
LAND O'LAKES FL.

City & State
LAND O'LAKES FL.

4. FEI Number **59-3576169**

Applied For
Not Applicable

Zip
34639

Country
USA

Zip
34639

Country
USA

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

MANN, NORMAN
3447 EASTLAKE DR.
LAND O'LAKES FL 34639

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD MANN, NORMAN** ☐ Delete
STREET ADDRESS **3447 EASTLAKE DR.**
CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE
NAME **PD MANN, NORMAN** ☒ Change ☐ Addition
STREET ADDRESS **5438 DREXEL RD.**
CITY-ST-ZIP **LAND O'LAKES FL 34639**

TITLE
NAME **VTS MANN, KAY J** ☐ Delete
STREET ADDRESS **3447 EASTLAKE DR.**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE
NAME **VTS MANN, KAY J** ☒ Change ☐ Addition
STREET ADDRESS **5438 DREXEL RD.**
CITY-ST-ZIP **LAND O LAKES FL 34639**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SKAY FLEANNED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03 813-996-6078
Date Daytime Phone #

CR2E034 (10/02)