

DOCUMENT # P99000094891

1. Entity Name
MANIX BROTHERS DRYWALL, INC.

Principal Place of Business Mailing Address
2647 POINCIANA DRIVE 2647 POINCIANA DRIVE
NAPLES FL 34105 NAPLES FL 34105

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

MANIX, CHAD
2647 POINCIANA DRIVE
NAPLES FL 34105

4. FEI Number **65-0959398** Applied For
Not Applicable

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D MANIX, CHAD**
STREET ADDRESS **2647 POINCIANA DRIVE**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Delete
NAME **D MANIX, JASON**
STREET ADDRESS **2647 POINCIANA DRIVE**
CITY-ST-ZIP **NAPLES FL 34105**

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 **D DAN MANIX**
STREET ADDRESS **2647 POINCIANA DR.**
CITY-ST-ZIP **NAPLES FL. 34105**

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

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

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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, 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.

JASON MANIX

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-01

Date

941-261-4510

Daytime Phone #

FILED
Jan 08, 2001 8:00 am
Secretary of State

01-08-2001 90032 015 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)