

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90056 037 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000096174**

1. Entity Name

**MANATEE MAX, INC.**

Principal Place of Business

**1710 DIXIE BEACH BLVD.  
SANIBEL FL 33957**

Mailing Address

**1633 PERIWINKLE WAY  
STE A  
SANIBEL FL 33957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0950091**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MURTY, TIMOTHY J  
1633 PERIWINKLE WAY  
SUITE A  
SANIBEL FL 33957**

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  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	IANELLI, THEODORE J	1710 DIXIE BEACH BLVD.	SANIBEL FL 33957	<input type="checkbox"/>
V	GOLAB, FRANK	5610 SW 9TH AVENUE	CAPE CORAL FL 33914	<input checked="" type="checkbox"/>
ST	IANELLE, JAMES	1710 DIXIE BEACH BOULEVARD	SANIBEL FL 33957	<input type="checkbox"/>
D	MURTY, TIMOTHY J	1633 PERIWINKLE WAY, SUITE A	SANIBEL FL 33957	<input type="checkbox"/>
D	ST. CLAIR, RONALD W	1703 BREEZY ACRES ROAD	ORWIGSBURG PA 17961	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
STD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

TIMOTHY J. MURTY,

1/6/2001 941-472-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)