

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90117 020 \*\*\*150.00

**DOCUMENT # P99000106188**

**1. Entity Name**  
**MANCHRIS, INC.**



**Principal Place of Business**  
**ONE BEACH DR. SUITE 220**  
**ST PETERSBURG FL 34701**

**Mailing Address**  
**ONE BEACH DR. SUITE 220**  
**ST PETERSBURG FL 34701**

**2. Principal Place of Business**

**3. Mailing Address**

948 52nd Ave N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St. Petersburg

Zip

Country

Zip

Country

FL 33703

**4. FEI Number** 52-2211376

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HENDRICKSON, MANUELA**  
**948 52ND AVE N**  
**ST PETERSBURG FL 34701**

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** D ☐ Delete  
**NAME** BRAUN, HEINZ  
**STREET ADDRESS** STRAHLENFELSER STR. 2B  
**CITY-ST-ZIP** 81243 MUENCHEN, GERMANY

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

**TITLE** D ☐ Delete  
**NAME** BRAUN, ROSEMARIE  
**STREET ADDRESS** STRAHLENFELSER STR. 2B  
**CITY-ST-ZIP** 81243 MUENCHEN, GERMANY

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

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

**TITLE** ☐ Change ☒ Addition  
**NAME** VP Manuela Hendrickson  
**STREET ADDRESS** 948 52nd Ave N  
**CITY-ST-ZIP** St. Petersburg FL 33703

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

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3-18-03

Date

727-527-4166

Daytime Phone #

CR2E034 (10/02)