

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106802

1. Entity Name

MANKAR ENTERPRISES, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-30-2000 90096 044 ***150.00

Principal Place of Business

Mailing Address

~~1904 WATROUS AVE~~
~~TAMPA FL 33606~~

~~1904 WATROUS AVE~~
~~TAMPA FL 33606~~

2503 Jetton Ave.
Tampa, FL 33629

2503 Jetton Ave.
Tampa, FL 33629

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3612954

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAUNDERS, MANK B
1904 WATROUS AVE
TAMPA FL 33606

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	SAUNDERS, MANK B	
STREET ADDRESS	1904 WATROUS AVE	2503 Jetton Ave.
CITY-ST-ZIP	TAMPA FL 33606	Tampa, FL 33629
TITLE	D	<input type="checkbox"/> Delete
NAME	SAUNDERS, MANK B	
STREET ADDRESS	1904 WATROUS AVE	2503 Jetton Ave.
CITY-ST-ZIP	TAMPA FL 33606	Tampa, FL 33629
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

Date

Daytime Phone #

CR2E034 (9/99)