

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000107440

Entity Name
P.E. MCMANUS ASSOCIATES, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90152 005 ***550.00

Principal Place of Business
S.W. BRADFORD PLACE
CITY FL 34990

Mailing Address
2042 S.W. BRADFORD PLACE
PALM CITY FL 34990

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1717117

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P
2081 E. OCEAN BOULEVARD
STUART FL 34996

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
ADDRESS ST-ZIP	President/Chairman/CEO <input type="checkbox"/> Delete Paul Edward McManus 2042 S.W. Bradford Pl. Palm Harbor, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	Executive Vice President <input type="checkbox"/> Delete Karen Wallis McManus 2042 S.W. Bradford PL, Palm Harbor, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Delete Paige Elizabeth McManus 1300 Army Navy Dr. Ste #520 Arlington, VA 22202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	Director <input type="checkbox"/> Delete Phillip J. McManus 5144 Woodmire Lane Alexandria, VA 22311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	Director <input type="checkbox"/> Delete Erin McManus Wunder 12 O'Keefe Road Bridgewater, New Jersey 08807	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 furnished 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: Paul E. McManus, Chief Executive Officer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AC (561) 220-4858
26 July, 2000

Date Daytime Phone #

CR2E034 (5/00)