

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90112 028 \*\*\*150.00

**DOCUMENT # S09271**

1. Entity Name  
**D'MANNCO, INC.**

Principal Place of Business 1705 NW 1ST AVE HIGH SPRINGS FL 32643 US	Mailing Address P.O. BOX 2880 HIGH SPRINGS FL 32655-2880
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3649 NE 71 <sup>st</sup> Ave Suite, Apt. #, etc.	3. Mailing Address 3649 NE 71 <sup>st</sup> Ave Suite, Apt. #, etc.
City & State High Springs, FL Zip 32643 Country US	City & State High Springs, FL Zip 32643 Country US

4. FEI Number 59-3037155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**M CROBERTS, AMY R**  
**3649 NE 71ST AVENUE**  
**HIGH SPRINGS FL 32643**

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 \_\_\_\_\_ (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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>M CROBERTS, AMY R</b> <b>3649 NE 71ST AVENUE</b> <b>HIGH SPRINGS FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, V, P, S, T, D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>DONA B. MANN</b> <b>9900 NE 7TH COURT</b> <b>BRANFORD FL 32008</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>M CROBERT, AMY R</b> <b>3649 NE 71ST AVE</b> <b>HIGH SPRINGS FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Amy R. McRoberts* **SIGNATURE REQUIRED** Date: **2/14/00** Daytime Phone #: **(904)454-3313**

CR2E034 (9/99)