

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S62178

1. Entity Name

THE MANGE CORP.

Principal Place of Business

5400 VERA BLVD.
JACKSONVILLE FL 32205-4763

Mailing Address

5400 VERA BLVD.
JACKSONVILLE FL 32205-4763

2. Principal Place of Business

3. Mailing Address

5400 Verna Blvd

Suite, Apt. #, etc.

5400 #4

City & State

JACKSONVILLE FL

Zip

32205

Country

USA

4. FEI Number 59-3085972

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, DAVID B JR.
767 BLANDING BLVD.
SUITE 107
ORANGE PARK FL 32065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MANGE, JOSEPH W JR.
STREET ADDRESS 4579 LENOX AVE
CITY-ST-ZIP JACKSONVILLE FL 32205 ☐ Delete

TITLE
NAME
STREET ADDRESS 5400-4 Verna Blvd.
CITY-ST-ZIP JACKSONVILLE FL 32205 ☒ Change ☐ Addition

TITLE V
NAME WIDDOWSON, RAY
STREET ADDRESS 4579 LENOX AVE
CITY-ST-ZIP JACKSONVILLE FL 32205 ☒ Delete

TITLE
NAME
STREET ADDRESS 5400-4 Verna Blvd.
CITY-ST-ZIP JACKSONVILLE FL 32205 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/2001

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90091 018 ***150.00

C0042534



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)