

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

ATX1

FILED

08 JUN 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000084025 1. Entity Name MANESPRING GRAPHICS, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 200 2ND AVE S, #353 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State ST PETERSBURG, FL Zip 33701	City & State Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0905818	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SHELLEY P MANES	
Street Address (P.O. Box Number is Not Acceptable) 1059 16TH AVE N	
City ST PETERSBURG	Zip Code 33704

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

January 1 - May 1 Fee is **\$150.00**

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DIR DAVID C MANES 200 2ND AVE S #353 ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY TREAS DIR SHELLEY P MANES 200 2ND AVE S #353 ST PETERSBURG, FL 33701
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11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	000131635300 06/24/08--01045--008 **150.00
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shelley P Manes
SHELLEY MANES, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-13-08

Date

813-966-3344

Daytime Phone #