

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90682 001 ***150.00

DOCUMENT # P96000009924

1. Entity Name
MINDPOWER, INC.

Principal Place of Business
622 EDGEWATER DR., UNIT 426
DUNEDIN FL 34698

Mailing Address
622 EDGEWATER DR., UNIT 426
DUNEDIN FL 34698



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3362793**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUGGIERO, VINCENT R
622 EDGEWATER DR., UNIT 426
DUNEDIN FL 34698

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, 2002 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 ☐ Delete
 NAME **RUGGIERO, VINCENT R**
 STREET ADDRESS **622 EDGEWATER DR., UNIT 426**
 CITY-ST-ZIP **DUNEDIN FL 34698**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02

Date

727-736-2887

Daytime Phone #

CR2E034 (9/01)

Attachment
Document #
P96000009924
436791

Monday, May 20, 2002

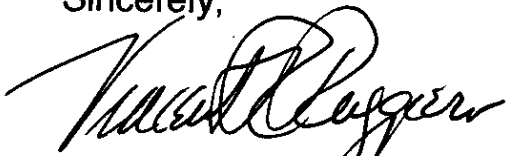
Dear Sir or Madam:

About fifteen minutes ago I realized that I my Uniform Business Report for 2002 had gotten misplaced. I immediately called and spoke to one of your representatives at 840-488-9000.

She kindly directed me to mail the completed form and my check for \$150 immediately and the penalty would be waived. The form and my check are attached.

I apologize for having overlooked this form.

Sincerely,



Vincent R. Ruggiero