

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90074 001 ***300.00

9158



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000036647

1. Entity Name
MIMA SERVICES, INC.

Principal Place of Business 200 E SHERIDAN RD MELBOURNE FL 32901	Mailing Address 200 E SHERIDAN RD MELBOURNE FL 32901-3142
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3524363	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**NOHRR, PHILIP F
 1800 WEST HIBISCUS BLVD.
 SUITE 138
 MELBOURNE FL 32901**

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	
TITLE P	<input type="checkbox"/> Delete
NAME SEELMAN, ROBERT C	
STREET ADDRESS 200 E SHERIDAN RD	
CITY-ST-ZIP MELBOURNE FL 32901	
TITLE VPD	<input type="checkbox"/> Delete
NAME STALL, PHILLIPS H	
STREET ADDRESS 200 E SHERIDAN RD	
CITY-ST-ZIP MELBOURNE FL 32901	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME GARDNER, DAVID G	
STREET ADDRESS 200 E SHERIDAN RD	
CITY-ST-ZIP MELBOURNE FL 32901	
TITLE T	<input type="checkbox"/> Delete
NAME GRAFF, KENNETH	
STREET ADDRESS 200 E SHERIDAN RD	
CITY-ST-ZIP MELBOURNE FL 32901	
TITLE D	<input type="checkbox"/> Delete
NAME ALPER, JEFFREY A	
STREET ADDRESS 200 E SHERIDAN RD	
CITY-ST-ZIP MELBOURNE FL 32901	
TITLE D	<input type="checkbox"/> Delete
NAME GURRI, JOSEPH A	
STREET ADDRESS 200 E SHERIDAN RD	
CITY-ST-ZIP MELBOURNE FL 32901	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Joseph A. McClure	
STREET ADDRESS 200 E. Sheridan Rd.	
CITY-ST-ZIP Melbourne, FL 32901	
TITLE SEC. AND TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Martin Isenman	
STREET ADDRESS 200 E. Sheridan Rd.	
CITY-ST-ZIP Melbourne, FL 32901	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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] **2/27/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)