

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90028 040 \*\*\*150.00

000298 AV

DOCUMENT # **P98000101116**

1. Entity Name  
**MINORCAN DEVELOPMENT, INC.**

Principal Place of Business Mailing Address  
**5041 DORMAN PLACE 5041 DORMAN PLACE**  
**CALLAHAN FL 32011 CALLAHAN FL 32011**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3547110** Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIZELL, JEAN H**  
**5041 DORMAN PLACE**  
**CALLAHAN FL 32011**

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, 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MIZELL, JEAN H</b>	
STREET ADDRESS	<b>5041 DORMAN PLACE</b>	
CITY-ST-ZIP	<b>CALLAHAN FL 32011</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MIZELL, WALKER D</b>	
STREET ADDRESS	<b>5041 DORMAN PLACE</b>	
CITY-ST-ZIP	<b>CALLAHAN FL 32011</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MIZELL, CLYDE J.</b>	
STREET ADDRESS	<b>P.O. DRAWER 5011</b>	
CITY-ST-ZIP	<b>CALLAHAN FL 32011</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MIZELL, LARRY S</b>	
STREET ADDRESS	<b>1765 HODGES ROAD</b>	
CITY-ST-ZIP	<b>CALLAHAN FL 32011</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MIZELL, MICHAEL D</b>	
STREET ADDRESS	<b>1880 HODGES ROAD</b>	
CITY-ST-ZIP	<b>CALLAHAN FL 32011</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MIZELL, WALTER S</b>	
STREET ADDRESS	<b>5066 DORMAN PLACE</b>	
CITY-ST-ZIP	<b>CALLAHAN FL 32011</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* **REQUIRED** 3/25/02 Date Daytime Phone #

CR2E034 (9/01)