

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90210 006 ***150.00

DOCUMENT # 180169

1. Entity Name
MINGO, INC.

Principal Place of Business

**2433 SEGOVIA AVENUE
 JACKSONVILLE FL 32217
 US**

Mailing Address

**2433 SEGOVIA AVENUE
 JACKSONVILLE FL 32217
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0760883**

Applied For

Not Applicable

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

**OSSI, ALEXANDRA M
 2433 SEGOVIA AVENUE
 JACKSONVILLE FL 32217**

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	VD	<input type="checkbox"/> Delete
NAME	MOORE, ADELE R	
STREET ADDRESS	1864 RIVER ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	OSSI, ALEXANDER M	
STREET ADDRESS	2433 SEGOVIA AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, PAULA M	
STREET ADDRESS	1447 LOGAN CIRCLE	
CITY-ST-ZIP	MARIETTA, GA 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, MADELINE G	
STREET ADDRESS	1244 INDEPENDENCE WAY	
CITY-ST-ZIP	MARIETTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *Alexandra M. Ossi* - **ALEXANDRA M. OSSI** **4/15/2001** **733-7991**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)