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2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOČUMENT # **533128** 1. Entity Name 04-19-2001 90095 004 ***150.00 DON MINIE ADVERTISING & MARKETING, INC. Principal Place of Business Mailing Address 645 NORMANDY RD 645 NORMANDY RD MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708 2. Principal Place of Business Mailing Address Reek Blod 2500 WINDING Creek Blo Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite B-105 City & State City & State Applied For 4. FEI Number 59-1741084 FL learwater Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Pinellas -PINCHAS Fee Required- --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MINIE, DONALD E. Street Address (F.O. Box Number is Not Acceptable 2500 WINDING CLERK BIO. 645 NORMANDY RD MADEIRA BEACH FL 33708 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Delete TITLE TITLE Minie Donald F Creek Blud. MINIE, DONALD E. NAME NAME 2500 Winding 1 STREET ADDRESS 645 NORMANDY RD STREET ADDRESS CITY-ST-ZIP .CITY-ST-ZIP MADEIRA BEACH FL **VPST** MINIE MARY CLED TITLE Delete TITLE MINIE, MARY ELLEN CREEK Blod NAME NAME 2500 Winging STREET ADDRESS 645 NORMANDY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .MADEIRA.BEACH.FL TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 721-791-4856