

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 649570**

1. Entity Name

MIN-TEX CORPORATION**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90002 038 ***150.00

Principal Place of Business

Mailing Address

**4315 POMPANO LANE
PALMETTO FL 34221****4315 POMPANO LANE
PALMETTO FL 34221-5623**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2117700**

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

**MATTOCKS, RICHARD K
4315 POMPANO LANE
PALMETTO FL 34221**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MATTOCKS, RICHARD K.	
STREET ADDRESS	4315 POMPANO LANE	
CITY-ST-ZIP	PALMETTO FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERSON, CHARLES R.	
STREET ADDRESS	1000 RIVERSIDE DR #B-104	
CITY-ST-ZIP	PALMETTO FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	MATTOCKS, GRACE S.	
STREET ADDRESS	4315 POMPANO LANE	
CITY-ST-ZIP	PALMETTO FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	ANDERSON, JOAN	
STREET ADDRESS	1000 RIVERSIDE DR #B-104	
CITY-ST-ZIP	PALMETTO FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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: *Richard K Mattocks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-2000 1-941-729-2915

Date

Daytime Phone #