

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005882

1. Entity Name

MONDAY INDUSTRIES, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90005 044 ***150.00

Principal Place of Business

4305 32ND WEST
UNIT C
BRADENTON FL 34205
US

Mailing Address

3740 PINEBROOK CIRCLE
APT 601
BRADENTON FL 34209-8055
US

2. Principal Place of Business

3. Mailing Address

4518 Galloway Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Bradenton FL

Zip

Country

Zip

Country

34210

4. FEI Number

22-2531288

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

JOHANSEN, ROY
3740 PINEBROOK CIRCLE
STE 601
BRADENTON FL 34209

Name

Street Address (P.O. Box Number is Not Acceptable)

4518 Galloway Blvd

City

Bradenton

FL

Zip Code

34210

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 Roy JOHANSEN

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-00

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	D	<input type="checkbox"/> Delete
NAME	JOHANSEN, ROY	
STREET ADDRESS	3740 PINEBROOK CIRCLE, #601	
CITY-ST-ZIP	BRADENTON FL	
TITLE	DPST	<input type="checkbox"/> Delete
NAME	JOHANSEN, JOAN	
STREET ADDRESS	3740 PINEBROOK CIRCLE, #601	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4518 Galloway Blvd.
CITY-ST-ZIP	Bradenton FL. 34210
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	4518 Galloway Blvd.
CITY-ST-ZIP	Bradenton FL. 34210
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
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:

Joan JOHANSEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-00 753-9999

CR2E034 (9/99)