

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003493

1. Entity Name

TODD MINIKUS, LTD., INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90199 005 ***150.00

Principal Place of Business

16640 DEERPATH LANE
LOXAHATCHEE FL 33470

Mailing Address

16640 DEERPATH LANE
LOXAHATCHEE FL 33470-5006

910290

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4236460

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

MASSO, MICHELLE
16640 DEERPATH LANE
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name

ETTASUE LONG

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

5243 HARWOOD LANE

City

LAKE WORTH

FL

Zip Code

33467-1831

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

Michele M. Masso

Michele M. Masso

1.13.00

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

TITLE CDPT ☐ Delete
NAME MINIKUS, TODD
STREET ADDRESS 16640 DEERPATH LANE
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE VCDS ☐ Delete
NAME MASSO, MICHELLE
STREET ADDRESS 16640 DEERPATH LANE
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE VP ☐ Delete
NAME MASSO, MICHELLE
STREET ADDRESS 16640 DEERPATH LANE
CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Masso, Michele
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Masso, Michele
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michele M. Masso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele M. Masso 1.13.00

Date

Daytime Phone #

561-333-3000

CR2000 1/28/00