

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90095 022 ***158.75

DOCUMENT # J13470

1. Entity Name
MIM FINANCIAL INC.



Principal Place of Business
**3001 HARTLEY RD.
JACKSONVILLE FL 32257
US**

Mailing Address
**3001 HARTLEY RD.
JACKSONVILLE FL 32257
US**

00000000



2. Principal Place of Business
5490 Greenland Rd

3. Mailing Address
5490 Greenland Rd

Suite, Apt., #, etc.

Suite, Apt., #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-2718504

Applied For
Not Applicable

Zip
32258

Country
US

Zip
32258

Country
US

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEGRAND, RONALD F.
9799 OLD ST AUGUSTINE ROAD
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name **Ronald F LeGrand**
Street Address (P.O. Box Number is Not Acceptable)
5490 Greenland Rd
City **Jacksonville** FL Zip Code **32258**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Ronald F LeGrand**

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

(NOTE: Registered Agent signature required when reinstating)

1-6-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete
NAME **LEGRAND, RONALD F.**
STREET ADDRESS **9799 OLD ST AUGUSTINE ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **Pres** ☒ Change ☐ Addition
NAME **Ronald F LeGrand**
STREET ADDRESS **5490 Greenland Rd**
CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ronald F LeGrand**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

9042626568

Date

Daytime Phone #

CR2E034 (10/02)