

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K03040**

1. Entity Name

MINORITY SPECIALTY SERVICES, INC.**FILED**
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90078 007 ***150.00

Principal Place of Business

Mailing Address

1175 COLLEGE BLVD. SUITE A
P. O. BOX 30343
PENSACOLA FL 32503
USPO BOX 30343
PENSACOLA FL 32503-1343
US

00044044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2401 EXECUTIVE PLAZA

Suite, Apt. #, etc.

UNIT NO. 2

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

City & State

4. FEI Number

59-2867504

Applied For

Not Applicable

Zip

32504

Country

USA

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

REINHARDT, LAWRENCE A.
1175 COLLEGE BLVD., STE A
PENSACOLA FL 32504

Name

LAWRENCE A. REINHARDT

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

2401 EXECUTIVE PLAZA UNIT NO. 2

City

PENSACOLA**FL**

Zip Code

32504

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 **LAWRENCE A. REINHARDT**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/17/20009. 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 State10. 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 ☐ Delete
NAME **DPS**
STREET ADDRESS **REINHARDT, LAWRENCE A.**
CITY-ST-ZIP **5051 GRANDE DR. I-7**
PENSACOLA FLTITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5941 HERMITAGE DRIVE**
CITY-ST-ZIP **PENSACOLA, FLORIDA 32504**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

3. 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:

LAWRENCE A. REINHARDT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/17/2000 850-477-7605**

Date

Daytime Phone #

CR2E034 (9/99)