

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L05482

1. Entity Name

MIMENTOR, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90011 002 ***150.00

Principal Place of Business

Mailing Address

837 SPYGLASS LANE
1527 GALLEON DR
NAPLES FL 34102
US

837 SPYGLASS LANE
1527 GALLEON DR
NAPLES FL 34102-7715
US

2. Principal Place of Business

3. Mailing Address

216 PALM DR

216 PALM DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 5

SUITE 5

City & State

City & State

NAPLES FL

NAPLES FL

Zip 34112

Country USA

Zip 34112

Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number

68-0184873

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

WRIGHT, WILLIAM J. JR
837 SPYGLASS LANE
NAPLES FL 34102

Name

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

216 PALM DR

SUITE 5

City

NAPLES

FL

Zip Code

34112

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

4/14/00

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 PD
NAME WRIGHT JR, WILLIAM J
STREET ADDRESS 837 SPYGLASS LN
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE PD
NAME WRIGHT, WILLIAM J
STREET ADDRESS 216 PALM DR SUITE 5
CITY-ST-ZIP NAPLES FL 34112 ☒ Change ☐ Addition

TITLE VP
NAME WRIGHT, K M
STREET ADDRESS 837 SPYGLASS LN
CITY-ST-ZIP NAPLES FL ☐ Delete

TITLE VP
NAME WRIGHT, K M
STREET ADDRESS 216 PALM DR SUITE 5
CITY-ST-ZIP NAPLES FL 34112 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 9416495289

CR2E034 (9/99)