

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90155 020 \*\*\*317.50

**DOCUMENT # L99000006448**

1. Entity Name  
**MINDWORKS OF FLORIDA, LLC**

Principal Place of Business  
**TAMPA INTERNATIONAL AIRPORT, LEVEL 3**  
**MARIOTT HOTEL, SUITE G-100**  
**TAMPA FL 33607**

Mailing Address  
**TAMPA INTERNATIONAL AIRPORT, LEVEL 3**  
**MARIOTT HOTEL, SUITE G-100**  
**TAMPA FL 33607**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

4. FEI Number **59-3603307**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**STACKHOUSE, SUSAN H**  
**TAMPA INTERNATIONAL AIRPORT, LEVEL 3**  
**MARIOTT HOTEL, SUITE G-100**  
**TAMPA FL 33607**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **STACKHOUSE, SUSAN H**  
 STREET ADDRESS **TAMPA INT'L AIRPORT, LVL 3, MARIOTT HOTEL**  
 CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Susan H. Stackhouse*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)