

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M64328**

1. Entity Name

MINCER MOTORS, INC.**FILED****Jan 20, 2001 8:00 am
Secretary of State**

01-20-2001 90025 018 ***150.00

0053180

Principal Place of Business
C/O DIANA M. MINCER
1809 SOUTH FRENCH AVENUE
SANFORD FL 32771

Mailing Address
C/O DIANA M. MINCER
1809 SOUTH FRENCH AVENUE
SANFORD FL 32771



DO NOT WRITE IN THIS SPACE

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

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

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number **59-2868171**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MINCER, DIANA M.
1809 SOUTH FRENCH AVENUE
SANFORD FL 32771**

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	MINCER, GARY P.	1455 W. LAKE MARY BLVD	LAKE MARY FL	<input type="checkbox"/>
V	MINCER, DIANA M.	1455 W. LAKE MARY BLVD	LAKE MARY FL	<input type="checkbox"/>
ST	MINCER, DIANA M.	1455 W. LAKE MARY BLVD	LAKE MARY FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	Mincer, Diana M, VP	627 Clearn CT	Winter Springs, FL 32708	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Mincer, Diana M, ST	627 Clearn CT	Winter Springs, FL 32708	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

01-09-01

Date

407-321-2993

Daytime Phone #

CR2E034 (10/00)