2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N03000005717

1. Entity Name IND MIND OVER MATTER, INC.



FILED Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90076 005 ***158.75

State Stat	Principal Plac 8713 CATBRIA ORLANDO FL		Mailing Address PO BOX 721037 ORLANDO FL 32872				\$00£113£				
City & State Country	2. Principal F	Place of Business	3. Mailing Address	<u>.</u>			F				
Street Address of Current Registered Agent Street Address of Status Desired Street Address of New Registered Agent Feb Registered Agent	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
Country Zip Country Zip Country S. Certificate of Status Desired Marie Sea	City & Stat	e	City & State			4. F	4. FEI Number 59-3728504 Applied For Not Applicable				
NUNEZ, VOLTAIRE E 8713 CATBRIAR BAY WAY ORLANDO FL 32829 City City FL Zip Code 8. The accover named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accidentations of registered agent and the fracticable. SIGNATURE Signature, byte of signature of statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accidentations or registered agent, or both, in the State of Florida. I am familiar with, and accidentations or registered agent, or both, in the State of Florida. I am familiar with, and accidentations or registered agent, or both, in the State of Florida. I am familiar with, and accidentations or registered agent, or both, in the State of Florida. I am familiar with, and accidentations or registered agent, or both, in the State of Florida. I am familiar with, and accidentation or registered agent, or both, in the State of Florida. I am familiar with, and accidentation or registered agent, or both, in the State of Florida. I am familiar with, and accidentation or registered agent, or both, in the State of Florida. I am familiar with, and accidentation or registered agent, or both, in the State of Florida. I am familiar with, and accidentation of Florida. I am familiar with, and a	Zip	Country	Zip	Zip Counti			5. Certificate of Status Desired \$8.75 Additional				
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8713 CATBRIAR BAY WAY ORLANDO FL 32829 City City FL Zip Code City Ci				Name							
8. The above named entry submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. It am familiar with, and act the obligations of registered algent. Signature	=			Street Address			s (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and excited the obligations of registered agent. SIGNATURE Signature Explained Agent signature required when releasing to the purpose of changing its registered Agent signature required when releasing to the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and excited the purpose of registered agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both, in the State of Fiorida. I am familiar with, and excited agent, or both agent agent and excited agent	ORLANDO	FL 32829									
SIGNATURE Signature Signa				-	City			FL	Zip Coc	de	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State 10.	the obligat		or the purpose of changing its Ph. S	registere	d office or regis	stered age	ent, or both, in the State of Florida.	,	,	, and accept	
After May 1, 2003 Fee Will De \$550.00 May Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME NAME STREET ADDRESS ORLANDO FL 32829 TITLE NAME NAME NAME STREET ADDRESS STREET ADR	OIGHAIOILE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	E: Registered	Agent signature requ	uired when re	einstating)	DATE			
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12. Thereby 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		entify that the information expelled with	h this filing does not qualify for			Section :	119 07/3)(i) Florida Statutas I fueb	er certif	v that the	information	

niquescent on this report or supplies reliable to the contract and that my signature shall have the same legal effect as it 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:

JIR Voltaire Nunez, PHD