

2001 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-14-2001 90080 028 ***150.00

DOCUMENT # P00000015501

1. Entity Name

MONDO CORPORATION

Principal Place of Business

Mailing Address

HWY. 98, #285-C
 DESTIN FL 32541

HWY. 98, #285-C
 DESTIN FL 32541

2. Principal Place of Business

155 Crystal Beach Dr.

Suite, Apt. #, etc.

Suite B125

3. Mailing Address

155 Crystal Beach Dr.

Suite, Apt. #, etc.

Suite B125

City & State

Destin FL

City & State

Destin FL

4. FEI Number

59-3624933

Applied For

Not Applicable

Zip

32541

Country

Zip

32541

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, KRIS
HWY. 98, #285-C
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name **Wilson, Kris**

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

155 Crystal Beach Dr.

Suite B125

City

Destin

FL

Zip Code

32541

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 **OWNER/PRESIDENT & EVERYTHING** ☐ Delete
 NAME **KRIS WILSON**
 STREET ADDRESS **155 CRYSTAL BEACH DR**
 CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 CITY-ST-ZIP

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:

Kris W. Wilson

KRIS W. WILSON

14 MAR 01

850 650 46 81

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)