

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90187 033 ***150.00

DOCUMENT # P00000041582

1. Entity Name
JACK MINISH, INC.



Principal Place of Business
~~3903 3RD STREET WEST~~
~~LEHIGH ACRES FL 33971~~

Mailing Address
~~3903 3RD STREET WEST~~
~~LEHIGH ACRES FL 33971~~

2. Principal Place of Business

3. Mailing Address

7172 Reymoor Dr.
Suite, Apt. #, etc.

7172 Reymoor Dr.
Suite, Apt. #, etc.

City & State

City & State

N. FT. MYERS, FL

N. FT. MYERS, FL

33917

USA

33917

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1003481**

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

BOWERS, ROBERT L
23 COLORADO ROAD
LEHIGH ACRES FL 33936

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **MINISH, JACK**
STREET ADDRESS ~~3903 3RD STREET WEST~~
CITY-ST-ZIP ~~LEHIGH ACRES FL 33971~~

☐ Delete

TITLE
NAME
STREET ADDRESS **7172 Reymoor Dr**
CITY-ST-ZIP **N. FT MYERS, FL 33917**

☒ Change ☐ Addition

TITLE **VD**
NAME **MINISH, DIANE B**
STREET ADDRESS ~~3903 3RD STREET WEST~~
CITY-ST-ZIP ~~LEHIGH ACRES FL 33971~~

☐ Delete

TITLE
NAME
STREET ADDRESS **7172 Reymoor Dr**
CITY-ST-ZIP **N. FT. MYERS, FL 33917**

☒ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/18/03
Date

Daytime Phone #

CR2E034 (10/02)