

FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90046 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000046170

1. Entity Name
MINI MODAL CORP.



Principal Place of Business
P.O. BOX 187
PORT ST. JOE, FL 32457

Mailing Address
P.O. BOX 187
PORT ST. JOE, FL 32457

90133408



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

1403 Lk. Lucerne Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

302

City & State

Brandon, FL

4. FEI Number
59-3644987

Applied For
Not Applicable

Zip

Country

Zip

Country

33511

USA

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

LAWRENCE, KAREN
220 BUCCANEER DRIVE
PORT SAINT JOE, FL 32456

Name
Karen Flateau Lawrence

Street Address (P.O. Box Number is Not Acceptable)
1403 Lk. Lucerne Way #302

City
Brandon, FL Zip Code
33511

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: Karen F. Lawrence, Karen F. Lawrence ST 4/25/03

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LAWRENCE, JAMES W
220 BUCCANEER DRIVE
PT ST JOE, FL 32456 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
LAWRENCE, KAREN F
220 BUCCANEER DRIVE
PT ST JOE, FL 32456 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
Lawrence, Karen F
1403 Lk. Lucerne Way #302
Brandon, FL 33511 ☐ Delete

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

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CITY-ST-ZIP
☐ 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: Karen F. Lawrence, Karen F. Lawrence ST 4/25/03 813-546-8117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

One

Daytime Phone #

CH2E034 (10/02)