## 2002 Uniform Business Report (UBR)

## Apr 11, 2002 8:00 am Secretary of State P00000057183 DOCUMENT # 1. Entity Name MINTER GROUP, INC. 04-11-2002 90698 033 \*\*\*158.75 Principal Place of Business Mailing Address 20 PEBBLE BEACH DRIVE 20 PEBBLE BEACH DRIVE SHALIMAR FL 32579 SHALIMAR FL 32579 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3653214 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MINTER, CHARLES F JR. Street Address (P.O. Box Number is Not Acceptable) 20 PEBBLE BEACH DRIVE SHALIMAR FL 32579 Zip Code City Fl 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) ☐ Delete ☐ Addition TITLE TITLE MINTER, CHARLES F JR. NAME NAME STREET ADDRESS 20 PEBBLE BEACH DRIVE STREET ADDRESS SHALIMAR FL 32579 CITY-ST-ZIP CITY-ST-ZIP ☐ Oelete ☐ Change Addition TITLE TITLE MINTER, KATHLEEN L NAME NAME STREET ADDRESS 20 PEBBLE BEACH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHALIMAR FL 32579 Addition TITLE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; that I am an efficer 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

**SIGNATURE:** 

changed, or on an attachmer