FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90404 011 ***150.00

C0068690

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name: GAGER - MINEER CONSULTING, INC
P00000062741

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
3415 W. PALMIRA AVE	3415 W. PALMIRA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FLORIDA	City & State: TAMPA FLORIDA
Zip: 33629 Country: US	Zip: 33629 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3657178 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDSEY GAGER MINEER
3415 W. PALMIRA AVE
TAMPA, FL 33629

7. Name and Address of New Registered Agent

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.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	P, S, D LINDSEY GAGER MINEER 3415 W. PALMIRA AVE TAMPA, FL 33629 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	VP, T, D KEVIN MINEER 3415 W. PALMIRA AVE TAMPA, FL 33629 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP	☐ Change ☐ Addition

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: Lindsey Gager Mineer Lindsey Gager Mineer 4/30/01 (813) 221-7812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)

STF FL32381F.1