

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

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90033 014 \*\*\*150.00

**DOCUMENT #** P0000069287

**1. Entity Name**

A MIND'S WIDE OPEN, INC.

001138

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

8143 SOMERSET DR

Suite, Apt. #, etc.

**3. Mailing Address**

8143 SOMERSET DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

LARGO, FLORIDA

**City & State**

LARGO, FLORIDA

**4. FEI Number**

59-366 8891

**Applied For**

**Not Applicable**

**Zip**

33773

**Country**

USA

**Zip**

33773

**Country**

USA

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

STEWART, ROBIN B.

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

8143 SOMERSET DRIVE

**City**

LARGO

**FL**

**Zip Code**

33773

**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 of Registered Agent)*

(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)**

☒

January 15 May 11 Fee is \$150.00

After May 11 Fee is \$550.00

Amended UBR is \$61.25

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**

<b>TITLE</b>	D
<b>NAME</b>	STEWART, ROBIN B.
<b>STREET ADDRESS</b>	8143 SOMERSET DRIVE
<b>CITY- ST- ZIP</b>	LARGO, FL 33773
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
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<b>CITY- ST- ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*(Signature of Officer or Director)*

**Daytime Phone #**

CR2E034B (12/01)

727-481-4353