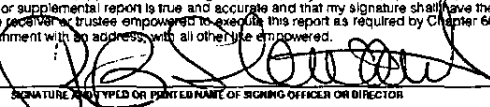


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 044 ***150.00

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

80096956

DOCUMENT # P00000069287			
1. Entity Name A MIND'S WIDE OPEN, INC.			
Principal Place of Business 8143 SOMERSET DR LARGO, FL 33773		Mailing Address 8143 SOMERSET DR LARGO, FL 33773	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 59-3668891	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEWART, ROBIN B 8143 SOMERSET DR LARGO, FL 33773		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
FILE NOW! FEE IS \$150.00. After May 1, 2003 Fee will be \$650.00. Make Check Payable to Florida Department of State.			
10. OFFICERS AND DIRECTORS			
TITLE	D	Delete	
NAME	STEWART, ROBIN B		
STREET ADDRESS	8143 SOMERSET DR		
CITY-ST-ZIP	LARGO, FL 33773		
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 person 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 duly empowered.			
SIGNATURE:  4/28/03			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/02)

27-524-7648

Paid w/ check #
2051 -150.00