2001 UNIFORM BUSINESS REPORT (UBR) Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P0000077514 1. Entity Name MINDING YOUR OWN BUSINESS, INC. 04-11-2001 90105 042 ***150.00 Mailing Address Principal Place of Business 5379 LYONS ROAD 5379 LYONS ROAD SUITE 207 SUITE 207 COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 3. Mailing Address 2. Principal Place of Business 2001 PC 80 41120.11 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. *207 4. FEI Number **EXUXA** Applied For City & State City & State 65*=*1036234 Not Applicable <u>1 400 000</u> Country \$8.75 Additional Zip Zip 5. Certificate of Status Desired <u>33073</u> Fee Required ろろのつつ Branzasa 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Milhancer Reenaed ω ècles. Kristine O. Box Number is Not Acceptable 6331 OSPREY TERRACE COCONUT CREEK FL 33073 Zip Code **330つ**ろ Jacas turo 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 (NOTE: Registered Agent signature required when reinstating) agent and title if applicable 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition CR2E034 (10/00 TITLE Boots and Delete TITLE NAME MILHAUSEN, KELLY K STREET ADDRESS 4112 NORTHWEST 58TH DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COCONUT CREEK FL 33073** Change ☐ Addition Delete TITLE **ELLIS, KRISTINE** NAME NAME STREET ADDRESS STREET ADDRESS 6331 OSPREY TERRACE CITY-ST-ZIP **COCONUT CREEK FL 33073** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE Been and Milhonson NAME NAME 4112 n.w. 58th Deine STREET ADDRESS STREET ADDRESS Coconut casek FI 33073 CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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:

SIGNATURE:

Date

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