

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90506 018 ***150.00

0443199 AV

DOCUMENT # P00000088000

1. Entity Name
DOUG MINKEL, INC.



Principal Place of Business
**27105 GREEN WILLOW RUN
ZEPHYRHILLS FL 33544**

Mailing Address
**27105 GREEN WILLOW RUN
ZEPHYRHILLS FL 33544**

2. Principal Place of Business

3. Mailing Address

1222 7th Ave. N.E.

Suite, Apt. #, etc.

Large Florida

City & State

Zip
33770

Country
Pinellas



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3670676**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINKEL, DOUGLAS M

**27105 GREEN WILLOW RUN
ZEPHYRHILLS FL 33544**

**1222 7th Ave N.E.
Large FL 33770**

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

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINKEL, DOUGLAS M 27105 GREEN WILLOW RUN ZEPHYRHILLS FL 33544	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiver, 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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-03

727 424 0238

CR2E034 (10/02)