

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90159 030 ***150.00

DOCUMENT # **P00000093375**

1. Entity Name

Mint Grading Service Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

7706 County Line Rd.

3. Mailing Address

5364 Ehrlich Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#109

City & State

Odessa, FL

City & State

Tampa, FL

Zip

33556

Country

USA

Zip

33624

Country

USA

4. FEI Number

59-367421

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00046821

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Alan Karpuch

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

7706 County Line Rd.

City

Odessa

FL

Zip Code

33556

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

Alan Karpuch

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/01

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	President	<input type="checkbox"/> Delete
NAME	Alan Karpuch	
STREET ADDRESS	7706 County Line Rd.	
CITY-ST-ZIP	Odessa, FL 33556	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	Keith Kneeshaw	
STREET ADDRESS	2103 Sterling Palms Ct. #102	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Adam Kjeer	
STREET ADDRESS	1609 Robin Ln.	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Alan Karpuch (Alan Karpuch)

4/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original - File

CR2E034 (11/00)