

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90101 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105074
1. Entity Name Mintals, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>4715 Huron Rd.</u>		3. Mailing Address <u>4715 Huron Rd.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>St. Petersburg, FL</u>		City & State <u>St. Petersburg, FL</u>	
Zip <u>33708</u>	Country <u>USA</u>	Zip <u>33708</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>59-3682405</u>		Applied For ☐	Not Applicable ☒
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name <u>Danny R. Tunnell</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>4715 Huron Rd.</u>		
	City <u>St. Petersburg</u>	FL	Zip Code <u>33708</u>

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 Danny R. Tunnell (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 1 - May 1 Fee is \$150.00 After May 1, 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P. S.</u> <u>H. Mary M. Sousa</u> <u>4715 Huron Rd.</u> <u>St. Petersburg, FL 33708</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP, T</u> <u>Danny R. Tunnell</u> <u>4715 Huron Rd.</u> <u>St. Petersburg, FL 33708</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(f), 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: Danny R. Tunnell Danny R. Tunnell 04/29/02 (727) 345-6838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)