

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90311 011 ***150.00

DOCUMENT # P00000113797

1. Entity Name
MIND DESIGN, INC.



Principal Place of Business
**13257 TANGERINE BLVD
WEST PALM BEACH FL 33412**

Mailing Address
**13257 TANGERINE BLVD
WEST PALM BEACH FL 33412**



2. Principal Place of Business

**11300 U.S. HIGHWAY ONE
Suite, Apt. #, etc.
#400**

3. Mailing Address

**11300 U.S. HIGHWAY ONE
Suite, Apt. #, etc.
#400**

☐ CHECK HERE IF MAKING CHANGES

City & State
NORTH PALM BEACH FL

City & State
NORTH PALM BEACH FL

4. FEI Number **65-1064327**

Applied For
☐ Not Applicable

Zip Country
33408 PALM BEACH

Zip Country
33408 PALM BEACH

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

6. Name and Address of Current Registered Agent

**REYNOLDS, JOHN D
11300 US HWY ONE
SUITE 400
NORTH PALM BEACH FL 33408**

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

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

TITLE NAME ☐ Delete
**PD REYNOLDS, JOHN D
STREET ADDRESS 11300 US HWY ONE SUITE 400
CITY-ST-ZIP NORTH PALM BEACH FL 33408**

TITLE NAME ☐ Delete
**STD CHASE, JEAN A
STREET ADDRESS 13257 TANGERINE BLVD
CITY-ST-ZIP WEST PALM BEACH FL 33412**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition
**12335 76th ROAD NO.
WEST PALM BEACH, FL 33412**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 receiver 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 like empowered.

SIGNATURE **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)