

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90071 038 ***150.00

DOCUMENT # P01000114391

1. Entity Name

MINICH ENTERPRISES, INC.

Principal Place of Business

**22612 JACOBSON RD.
 BROOKVILLE FL 34601**

Mailing Address

**22612 JACOBSON RD.
 BROOKVILLE FL 34601**

2. Principal Place of Business

3. Mailing Address

12282 Old Chatman Rd. 12282 Old Chatman Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brooksville Florida

Brooksville Florida

Zip

Country

Zip

Country

4. FEI Number

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

JANEZIC, JOSEPH

417 W. JEFFERSON ST.

BROOKVILLE FL 34601

Name

Max M. Minich

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

12282 Old Chatman Rd.

City

Brooksville

FL

Zip Code

34601

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

X Max M Minich

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-02

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, 2002 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 ☐ Delete
 NAME **President**
 STREET ADDRESS **Max M. Minich**
 CITY-ST-ZIP **12282 Old Chatman Rd.**
Brooksville, FL 34601

TITLE ☐ Change ☒ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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:

X Max M Minich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02

Date

Daytime Phone #

CR2E034 (9/01)