

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

Amended  
DOCUMENT #

P01000014391

1. Entity Name

Minich Enterprises, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

12282 Old Chatman Rd.

3. Mailing Address

12282 Old Chatman Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brooksville, FL

City & State

Brooksville, FL

Zip

34601

Country

USA

Zip

34601

Country

USA

4. FEI Number:

59-2965012

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Matthew C. Ray

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

Matthew C. Ray

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

(NOTE: Registered Agent signature required when reinstating)

10-16-02

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	President, Director, Treasurer Matthew C. Ray 12282 Old Chatman Rd. Brooksville, FL 34601	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800008477178--3 -10/21/02--01053--001 *****26.25 *****26.25
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Matthew C. Ray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-02

Date

Daytime Phone #

CR2E034B (12/01)

FILED  
02 OCT 29 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE