

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-25-2003 90147 020 ***158.75

DOCUMENT # P02000118697

1. Entity Name
MINNIS CONSTRUCTION, INC.



Principal Place of Business
2178 SE SUNFLOWER STREET
PORT ST. LUCIE FL 34952

Mailing Address
2178 SE SUNFLOWER STREET
PORT ST. LUCIE FL 34952

55043930



2. Principal Place of Business
2178 S.E. SUNFLOWER ST
Suite, Apt. #, etc.

3. Mailing Address
2178 S.E. SUNFLOWER ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PORT ST LUCIE
Zip
FL 34952
Country
U.S.A.

City & State
PORT ST. LUCIE
Zip
FL 34952
Country
U.S.A.

4. FEI Number
650866981
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NORMAN, KENNETH A
2400 SE FEDERAL HIGHWAY, FOURTH FLOOR
STUART FL 34994

7. Name and Address of New Registered Agent
Name
QUENTIN S. MINNIS
Street Address (P.O. Box Number is Not Acceptable)
2178 S.E. SUNFLOWER STREET
City
PORT ST. LUCIE FL Zip Code
34952

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
QUENTIN S. MINNIS/P
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)
DATE
04/23/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: QUENTIN S. MINNIS
Signature and typed or printed name of signing officer or director
Date
4/23/03
Daytime Phone #
(772) 528-4129

CR2034 (10/02)