

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020896

1. Entity Name

MINERVA ENTERPRISES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90121 049 ***150.00

Principal Place of Business

Mailing Address

6105 MEMORIAL HWY
R
TAMPA FL 33615
US

6105 MEMORIAL HWY
R
TAMPA FL 33615-4557
US

2. Principal Place of Business

3. Mailing Address

8488 W. Hillsborough Ave 8488 W. Hillsborough Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#123

#123

City & State

City & State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33615

USA

33615

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3170867

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

TRYBUS, RONALD H
701 WEST BAY STREET
TAMPA FL 33606

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.

SIGNATURE

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	WILDENAUER, MICHELLE M	
STREET ADDRESS	5501 PENTAIL CIR,	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, ERIC	
STREET ADDRESS	5501 PENTAIL CIR.	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric Shapiro

Date

Daytime Phone #

4-20-00 813-655-0750

CR2E034 (9/99)