

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032859

1. Entity Name

MINK COMPUTER SERVICES, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90020 037 \*\*\*158.75

Principal Place of Business

1626 SW MERCHANT LANE  
PORT ST. LUCIE FL 34953  
US

Mailing Address

6671 WEST INDIANTOWN RD.  
STE. 56. BOX 339  
JUPITER FL 33458-3983

2. Principal Place of Business

1626 SW Merchant Lane

3. Mailing Address

1626 SW Merchant Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Port St. Lucie, FL

City & State  
Port St. Lucie, FL ~~33458~~

4. FEI Number

65-0412489

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

34953

US

34953

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINK, BONNIE L  
6671 WEST INDIANTOWN ROAD  
STE 56 BOX 339  
JUPITER FL 33458

Name  
MINK, BONNIE L.

Street Address (P.O. Box Number is Not Acceptable)  
1626 SW Merchant Lane

City  
Port St. Lucie

FL

Zip Code  
34953

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 *Bonnie L. Mink*

Bonnie L. Mink, Registered Agent/Resident 4/15/2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCPS  
MINK, BONNIE L  
6671 W INDIANTOWN RD #56 BOX 339  
JUPITER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCPS  
MINK, BONNIE L  
1626 SW MERCHANT LANE  
PORT ST. LUCIE, FL 34953 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
MINK, MARSHALL  
6671 W INDIANTOWN ROAD STE 56 BOX 339  
JUPITER FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVT  
MINK, MARSHALL  
1626 SW MERCHANT LANE  
PORT ST. LUCIE, FL 34953 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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: *Bonnie L. Mink* Registered Agent/President 4/15/2000 561-336-3765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2F034 (9/99)