

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002660

1. Entity Name
MINGO CONTRACTING, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90149 004 ***550.00

Principal Place of Business
8820 OAK STREET
RIVERVIEW FL 33569

Mailing Address
8820 OAK STREET
RIVERVIEW FL 33569



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3233948

Applied For
Not Applicable

Zip

Country

Zip

Country

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

EHLE, STELLA
733 W. LUMSDEN ROAD
BRANDON FL 33511

Name HARRY J. MINGO
Street Address (P.O. Box Number is Not Acceptable)
1075 GOLF BLVD
City ENGLEWOOD FL Zip Code 34223

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]*
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME MINGO, HARRY J
STREET ADDRESS 8820 OAK STREET
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE
NAME 1075 GOLF BLVD ☒ Change ☐ Addition
STREET ADDRESS ENGLEWOOD FL 34223
CITY-ST-ZIP

TITLE VTD
NAME MINGO, SYLVIA
STREET ADDRESS 8820 OAK STREET
CITY-ST-ZIP RIVERVIEW FL 33569 ☐ Delete

TITLE
NAME 1075 GOLF BLVD ☒ Change ☐ Addition
STREET ADDRESS ENGLEWOOD FL 34223
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 11/001