

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000002660

1. Entity Name
MINGO CONTRACTING, INC.

Principal Place of Business

8820 OAK STREET
RIVERVIEW FL 33569

Mailing Address

8820 OAK STREET
RIVERVIEW FL 33569

2. Principal Place of Business

1075 Gulf Blvd
Suite, Apt. #, etc.

3. Mailing Address

1075 Gulf Blvd
Suite, Apt. #, etc.

City & State

Englewood Fl.
Zip 34223 Country

City & State

Englewood Fl.
Zip 34223 Country

4. FEI Number 59-3233948

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

-MINGO, HARRY J-
1075 GULF BLVD
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee 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

TITLE PD
NAME MINGO, HARRY J
STREET ADDRESS 1075 GULF BLVD
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

TITLE VTD
NAME MINGO, SYLVIA
STREET ADDRESS 1075 GULF BLVD
CITY-ST-ZIP ENGLEWOOD FL 34223 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Secy Treas
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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

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: *Sylvia Mingo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/01 941-473-9738

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90053 029 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)