

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000034390

1. Entity Name

MINUTEMAN SYSTEMS, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90346 032 ***150.00

Principal Place of Business

43 HARBOR POINT DR.
CRAWFORDVILLE FL 32327

Mailing Address

43 HARBOR POINT DR.
CRAWFORDVILLE FL 32327

00000400

2. Principal Place of Business

864 E. Park Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32301

Country

Zip

Country

4. FEI Number

59-3280762

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, KINGSLEY R
43 HARBOR POINT DRIVE
CRAWFORDVILLE FL 32327

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

Kingsley Ross
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

4/23/01
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, 2001 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

TITLE ☐ Delete
NAME PT
STREET ADDRESS ROSS, KINGSLEY
CITY-ST-ZIP 43 HARBOR POINT DR.
CRAWFORDVILLE FL

TITLE ☐ Delete
NAME VPS
STREET ADDRESS ROSS, IRENE S
CITY-ST-ZIP 43 HARBOR POINT DR.
CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ 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:

Kingsley Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/01
Date

859 205-2100
509-2500
Daytime Phone #

CR2E034 (10/00)

0461558