

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075920

1. Entity Name

MENTAL DYNAMICS, INC.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90045 009 ***150.00

Principal Place of Business

Mailing Address

1812 CORAL CIRCLE
N. FORT MYERS FL 33903

1812 CORAL CIRCLE
N. FORT MYERS FL 33917-4843

2. Principal Place of Business

3. Mailing Address

19601 Pine Echo Road

19601 Pine Echo Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Fort Myers FL

City & State

North Fort Myers FL

Zip
33917

Country

Zip

33917

Country

4. FEI Number

65-0536532

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

SEEMANN, ERNEST A ESQ
4729 DEL PRADO BLVD
CAPE CORAL FL 33904

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 PD
NAME SCHELLBACH, HANS J
STREET ADDRESS 1812 CORAL CIRCLE
CITY-ST-ZIP N. FORT MYERS FL 33903 ☐ Delete

TITLE P, D,
NAME SCHELLBACH, HANS J.
STREET ADDRESS 19601 PINE ECHO ROAD
CITY-ST-ZIP NORTH FORT MYERS FL 33917 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-00