

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90046 036 \*\*\*150.00

0367438 AV

**DOCUMENT # P94000091188**

1. Entity Name

**DAVID W. MINTON, INC.**

Principal Place of Business

Mailing Address

~~1095 GATOR TR~~

~~1095 GATOR TR~~

~~WEST PALM BEACH FL 33409~~

~~WEST PALM BEACH FL 33409~~

BUU45592



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**5390 WOODLAND LAKES DR.**

3. Mailing Address

**5390 WOODLAND LAKES DR.**

Suite, Apt. #, etc.

**406**

Suite, Apt. #, etc.

**406**

City & State

**PALM BEACH GARDENS FLA.**

City & State

**PALM BEACH GARDENS, FLA.**

4. FEI Number

**65-0547839**

Applied For

Not Applicable

Zip

**33410**

Country

**PALM BEACH**

Zip

**33418**

Country

**PALM BEACH**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MINTON, DAVID W**

**1095 GATOR TR**

**WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name **MINTON, DAVID. W**

Street Address (P.O. Box Number is Not Acceptable)

**5390 WOODLAND LAKES DR.**

**PALM BEACH GARDENS,**

City

**FL**

Zip Code

**33418**

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MINTON, DAVID W <del>1095 GATOR TR</del> WEST PALM BEACH FL 33409</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5390 WOODLAND LAKES DR. PALM BEACH GARDENS, FLA 33418</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*David W. Minton* (DAVID W. MINTON)

561-625-4360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-4-2002 Daytime Phone #

CR2E034 (9/01)