

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 09, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000077473**

1. Entity Name  
 MINNOW INC.

|   |   |
|---|---|
| Principal Place of Business<br>505 SOUTHARD ST.<br><br>KEY WEST FL 33040 US | Mailing Address<br>505 SOUTHARD ST.<br><br>KEY WEST FL 33040 US |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |
|--|--|

DO NOT WRITE IN THIS SPACE

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0614654</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br>FARRELLY GREGORY G<br>C/O CATALFOMO & FARRELLY<br>506 LOUISA ST<br>KEY WEST FL 33040 US |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \_\_\_\_\_ DATE **04/09/2000**  
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                      | PST               | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       | TIDD RICHARD W    |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             | 3224 EAGLE AVENUE |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                | KEY WEST FL 33040 |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                   | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                   |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                   |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                   |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                   | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                   |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                   |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                   |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                   | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                   |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                   |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                   |                                 |  | CITY-ST-ZIP   |                                 |                                   |  |
| TITLE                      |                   | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |  |
| NAME                       |                   |                                 |  | NAME  |                                 |                                   |  |
| STREET ADDRESS             |                   |                                 |  | STREET ADDRESS  |                                 |                                   |  |
| CITY-ST-ZIP                |                   |                                 |  | 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: Richard W Tidd PST 04/09/2000