FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90194 004 ***160.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013008

1. Entity Name
MANSION MINDERS, INC.

10100897

Principal Place of Business	Mailing Address
3200 SAN PEDRO ST + TAMPA, FL 33629	3225 SO MACDILL AVE, SUITE 129 TAMPA, FL 33629-8171

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3381003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOBSON, STEPHANIE
3200 SAN PEDRO
TAMPA, FL 33629

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! Fee is $150.00 After May 1, 2003 Fee will be $550.00 Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOBSON, STEPHANIE 3225 SO MACDILL AVE, SUITE 129 TAMPA, FL 336298171 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHANNON, D.M. 1701 N 74TH ST OMAHA, NE 68114 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D D.M. SHANNON 813 S. 92ND STREET OMAHA, NE 68114 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephanie Hobson 4/28/03 813/835-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

STEPHANIE HOBSON

Attachment
10100897
#P96000013008

MANSION MINDERS, INC.
800-662-4069
3225 S. MAC DILL AVE., # 129
TAMPA, FL 33629

1742

DATE APRIL 28 2023

63-868/631 004

PAY TO THE ORDER OF DEPARTMENT OF STATE $ 100.00

ONE HUNDRED SIXTY AND 00/100 DOLLARS

Security features included Details on back.

© HARLAND CAMBRIDGE

The Bank of Tampa
BAYSHORE OFFICE
TAMPA, FLORIDA 33606

FOR ANNUAL REPORT [redacted]