2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000033249 DOCUMENT

1. Entity Name

MINDSOLVE TECHNOLOGIES		
Principal Place of Business 203 SW 3RD AVENUE GAINESVILLE FL 32601	Mailing Address 203 SW 3RD AVENUE GAINESVILLE FL 32601	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90099 037 ***150.00

	vere reormodogies, inc					
Principal Pla 203 SW 3RD GAINESVILLE		Mailing Address 203 SW 3RD AVENUE GAINESVILLE FL 32601				
2. Principal	Place of Business	3. Mailing Address		T TORKER HERE TO HER TOWN TOWN DEATH OFFICE OF THE STREET STREET HERE THE STREET HERE TO STREET THE STREET STREET		
Suite, Ap	it. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & Sta	ate	City & State		4. FEI Number 59-3440863 Applied Not Applied		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent		
0754511	and a support of the state of t	markarin 🚾 - Lice	Name			
	AM, CHARLES 3RD AVENUE		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
	/ILLE FL 32601		-			
	,		City	FL Zip Code		
8. The above	e named entity submits this statement ations of registered agent.	for the purpose of changing its	s registered office or reg	gistered agent, or both, in the State of Florida. I am familiar with, and ac	ccept	
SIGNATURE					i	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered Agent signature rec	equired when reinstating) DATE		
	FILE NOW!!! FEE IS \$150.00					
	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department			9. Election Campaign Financing \$5.00 May Trust Fund Contribution.	y Be es	
	k Payable to Florida Department		11.	Trust Fund Contribution. Added to Fee	es	
Make Chec	k Payable to Florida Department OFFICERS AN	of State	TITLE	Trust Fund Contribution. Added to Fee ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	es	
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12. I hereby certify that the information supplied indicated on this report or supplemental exofithe corporation or the receiver or trusteed changed, or on an article of the corporation or the receiver or trusteed changed, or on an article of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the cor Grade and that my signature shall have the same legal effect as if made under oath; that I am an officer or director director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

01/16/03

Date

352/372-0000

Daytime Phone #