2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P97000043469** Feb 04, 2000 8:00 am 1. Entity Name **Secretary of State** IN-OPERATIVE MINDS, INC. 02-04-2000 90039 050 ***150.00 Principal Place of Business Mailing Address 13667 E EMERALD COAST PARKWAY 407 DEEP FOREST LANE PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32408-7462 2. Principal Place of Business Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3446689 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRUBBY, SCOTT C 401 DEEP FOREST LANE PANAMA CITY BEACH FL 32908 purpose of changing its registered office or 8. The above narred entity submits this statement for the SIGNATURE and title if applicable FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GRUBB, SCOTT C STREET ADDRESS STREET ADDRESS 407 DEEP FOREST LANE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Delete TITLE TITLE NAME SIEGLER, PAMELA A NAME STREET ADDRESS STREET ADDRESS 407 DEEP FOREST LANE CITY-ST-ZIP CITY - ST- ZIP PANAMA CITY BEACH FL 32408 Change ☐ Addition TITLE TITLE Delete. DAVIS, ROBERT C NAME NAME STREET ADDRESS STREET ADDRESS 216 PELICAN WAY CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 VICE-President ☐ Addition TITLE ☐ Delete TITLE DAVIS, BECKY A NAME NAME STREET ADDRESS 216 PELICAN WAY STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF PANAMA CITY BCH FL 32408 ☐ Change Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in Block 12 i of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all of