

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91169 004 ***150.00

DOCUMENT # P97000073687
1. Entity Name

MINK, INC.

Principal Place of Business
 1019 RIDGE VIEW LANE
 PALM HARBOR, FLORIDA
 34683

Mailing Address

SAME

2. Principal Place of Business
 1019 RIDGE VIEW LANE

3. Mailing Address
 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 PALM HARBOR, FLORIDA

City & State

4. FEI Number
 59-3450801

Applied For
 Not Applicable

Zip
 34683

Country
 USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARY L. MINK
 1019 RIDGE VIEW LANE
 PALM HARBOR, FL 34683

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.

SIGNATURE

PRESIDENT

04/30/01

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, 2001 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 PRESIDENT ☐ Delete
NAME GARY L. MINK
STREET ADDRESS 1019 RIDGE VIEW LANE
CITY - ST - ZIP PALM HARBOR, FL 34683

TITLE VICE PRESIDENT ☐ Delete
NAME GARY L. MINK
STREET ADDRESS 1019 RIDGE VIEW LANE
CITY - ST - ZIP PALM HARBOR, FL 34683

TITLE SECRETARY ☐ Delete
NAME GARY L. MINK
STREET ADDRESS 1019 RIDGE VIEW LANE
CITY - ST - ZIP PALM HARBOR, FL 34683

TITLE TREASURER ☐ Delete
NAME GARY L. MINK
STREET ADDRESS 1019 RIDGE VIEW LANE
CITY - ST - ZIP PALM HARBOR, FL 34683

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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: *GARY L. MINK* PRESIDENT

04/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #