

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091649

1. Entity Name
MIX-N, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90040 012 ***550.00

Principal Place of Business
1033 W. BRANDON BLVD
BRANDON FL 33511
US

Mailing Address
2500 DESOTO WAY S.
ST. PETERSBURG FL 33712-4148



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1937 W. BRANDON BLVD.
Suite, Apt. #, etc.

3. Mailing Address
1965 ERIN BROCKE DR.
Suite, Apt. #, etc.

City & State
Brandon, FL

City & State
ALRICO, FL

Zip
33511

Country
Hillsborough

Zip
33594

Country
Hillsborough

4. FEI Number 59-3475173

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MIXON, JAMES T
2500 DESOTO WAY S.
ST. PETERSBURG FL 33712

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.

SIGNATURE James J. Meyer - James T. Mixon DATE 5-5-00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D MIXON, JAMES T 2500 DESOTO WAY S. ST. PETERSBURG FL 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: James T. Mixon DATE 05/05/00 813-654-3173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)