2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000003356** Apr 04, 2000 8:00 am 1. Entity Name MASTERMIND CONSULTING SERVICES, INC. Secretary of State 04-04-2000 90057 009 ***150.00 Mailing Address Principal Place of Business 1117 WESTWOOD DR 1117 WESTWOOD DR LUTZ FL 33549-4128 LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3485507 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, KATHLEEN A Street Address (P.O. Box Number is Not Acceptable) 1117 WESTWOOD DR LUTZ FL 33549 City Zìp Code FL 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 . (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE TITLE MILLER, KATHLEEN A NAME NAME STREET ADDRESS 1117 WESTWOOD DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL 33549** Change ☐ Addition ☐ Delete TITLE TITLE MILLER, DONNIE R JR NAME STREET ADDRESS STREET ADDRESS 1117 WESTWOOD DR CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP ☐ Change Addition De ete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: Laubelle De Miller 14/20 (813)949-141