

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077183

1. Entity Name

MINDZ, INC.

FILED

Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90032 042 ***150.00

Principal Place of Business

Mailing Address

3825 S.W. KOBA ST.
PORT ST. LUCIE FL 34953
US

P.O. BOX 577
PALM CITY FL 34991-0577
US

2. Principal Place of Business

3. Mailing Address

225 SE RAY AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PORT ST. LUCIE FL

Zip 34983

Country USA

Zip

Country

4. FEI Number 65-0874190

Applied For

Not Applicable

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

VITONE, GUY DAN
3825 S.W. KOBA ST.
PORT ST. LUCIE FL 34953

Name

Street Address (P.O. Box Number is Not Acceptable)

225 SE RAY AVE

City

PORT ST. LUCIE

FL

Zip Code

34983

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

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, 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
P MURRAY, JANNESS E 3825 SW KABA STREET PORT ST LUCIE FL 34953 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
P MURWAY, JANNESS 225 SE. RAY AV PORT ST. LUCIE, FL 34983 ☒ Change ☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20014 (9/99)