

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90060 046 ***150.00

DOCUMENT # P98000081004

1. Entity Name
MIND CONTROL, INC.

Principal Place of Business

Mailing Address

25-2ND ST NW 7208 HOLLYBERRY RD 25-2ND ST NW 7208 HOLLYBERRY RD S.W.
STE 310- ROANOKE, VA SEE 310 ROANOKE VA 24018
SAINT PETERSBURG FL 33701 SAINT PETERSBURG FL 33701
24018



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7208 HOLLYBERRY RD SW

7208 HOLLYBERRY RD SW.

City & State
ROANOKE VA

City & State
Roanoke VA

4. FEI Number **59-3537274**

Applied For
 Not Applicable

Zip
24018

Country
USA

Zip
24018

Country
USA

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

MAHARRY, SHARON S
401 6TH AVE. NORTH
TIERRA VERDE FL 33715

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

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, 2002 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 **DVP** ☐ Delete
 NAME **MAHARRY, SHARON S**
 STREET ADDRESS **235 ESTADO WAY NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**
7208 HOLLYBERRY RD SW
ROANOKE VA 24018

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

TITLE **DP** ☐ Delete
 NAME **MAHARRY, ROBERT H**
 STREET ADDRESS **235 ESTADO WAY NE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33704**
7208 HOLLYBERRY RD SW
ROANOKE VA 24018

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 empowerments.

SIGNATURE:

SIGNATURE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/10/02** Daytime Phone # **540-989-5800**

MA1079 AV

CR2E034 (9/01)