

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90815 040 ***150.00

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DOCUMENT # P98000101116

1. Entity Name
MINORCAN DEVELOPMENT, INC.



Principal Place of Business
**5041 DORMAN PLACE
CALLAHAN FL 32011**

Mailing Address
**5041 DORMAN PLACE
CALLAHAN FL 32011**



2. Principal Place of Business

3. Mailing Address

45120 DORMAN PLACE

45120 DORMAN PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3547110

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MIZELL, JEAN H
5041 DORMAN PLACE
CALLAHAN FL 32011**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MIZELL, JEAN H	
STREET ADDRESS	5041 DORMAN PLACE	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	V	<input type="checkbox"/> Delete
NAME	MIZELL, WALKER D	
STREET ADDRESS	5041 DORMAN PLACE	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIZELL, CLYDE J	
STREET ADDRESS	P.O. DRAWER 5011	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIZELL, LARRY S	
STREET ADDRESS	1765 HODGES ROAD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIZELL, MICHAEL D	
STREET ADDRESS	1880 HODGES ROAD	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIZELL, WALTER S	
STREET ADDRESS	5066 DORMAN PLACE	
CITY-ST-ZIP	CALLAHAN FL 32011	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	45120 DORMAN PLACE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	45120 DORMAN PLACE
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	45543 HODGES ROAD
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	45298 HODGES ROAD
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	45200 DORMAN PLACE
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REMOVED** **JEAN H. MIZELL** **4-23-03** **904-879-3727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)