

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104407

1. Entity Name

ANN MINEHART CONSULTING, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90244 024 ***150.00

Principal Place of Business

Mailing Address

3830 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957

3830 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957-4100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

12479 S. INDIAN RIVER DRIVE

Suite, Apt. #, etc.

12479 S. INDIAN RIVER DRIVE

City & State

JENSEN BEACH, FL

City & State

JENSEN BEACH, FL

Zip

34957

Country

USA

Zip

34957

Country

USA

4. FEI Number

52-2138099

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

BARNARD, ANDREW C
9655 S. DIXIE HIGHWAY
SUITE 312
MIAMI FL 33156

Name

ANN MINEHART

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

12479 S. INDIAN RIVER DRIVE

City

JENSEN BEACH

FL

Zip Code

34957

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

4-8-00

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 ☐ Delete
NAME D
STREET ADDRESS MINEHART, ANN
CITY-ST-ZIP 3830 NE INDIAN RIVER DRIVE
JENSEN BEACH FL 34957

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 12479 S. INDIAN RIVER DRIVE
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-00