

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **PA8000105060** ✓

1. Entity Name

Mind Wise Coaching, Inc.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90060 029 ***150.00

Principal Place of Business

Mailing Address

**15714 Gulf Blvd
Redington Beach, FL 33708**

001246

2. Principal Place of Business

same as above

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number:

59-3554298

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Joann Martino
15714 Gulf Blvd
Redington Beach, FL 33708**

7. Name and Address of New Registered Agent

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

Joann Martino

Signature of individual or official name of registered agent and is a if applicable

(NOTE: Registered Agent signature required when registering)

4/28/00

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11.

OFFICERS AND DIRECTORS

TITLE NAME	Joann Martino ☐ Delete
STREET ADDRESS	15714 Gulf Blvd
CITY-STATE-ZIP	Redington Beach, FL 33708
TITLE NAME	☐ Delete
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	☐ Delete
STREET ADDRESS	
CITY-STATE-ZIP	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '01

TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	
CITY-STATE-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 507, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joann Martino

Signature and typed or printed name of signing officer or director

4/28/00

Date

Daytime Phone #