

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 15, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P99000001091****1. Entity Name**

MENTOR INFORMATION SERVICES, INC.

**Principal Place of Business**

8901 WINGED FOOT DR.

TALLAHASSEE  
32312

FL

**Mailing Address**

8901 WINGED FOOT DR.

TALLAHASSEE  
32312

FL

**2. Principal Place of Business**

Suite, Apt. #, etc.

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State****City & State**

Zip

Country

Zip

Country

**4. FEI Number****59-3549904**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**MENDEZ MICHAEL M  
8901 WINGED FOOT DR.TALLAHASSEE  
32312

FL

**7. Name and Address of New Registered Agent****Name**

MENDEZ JOANNE C

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

8901 WINGED FOOT DR.

**City**

TALLAHASSEE

**FL**Zip Code  
32312**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 **JOANNE C. MENDEZ**

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

(NOTE: Registered Agent signature required when reinstating)

**01/15/2000**

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**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**T.TITLE ☐ Change ☒ Addition  
NAME  
TREA  
MENDEZ JOANNE CTREASUR  
STREET ADDRESS  
8901 WINGED FOOT DR  
CITY-ST-ZIP  
TALLAHASSEE FL 32312T.TITLE ☐ Change ☒ Addition  
NAME  
VP  
HENDERSON VANESSA AVP  
STREET ADDRESS  
1649 CROSSPOINTE WAY  
CITY-ST-ZIP  
TALLAHASSEE FL 32308T.TITLE ☐ Change ☒ Addition  
NAME  
PRES  
MENDEZ JOANNE CPRESIDE  
STREET ADDRESS  
8901 WINGED FOOT DR  
CITY-ST-ZIP  
TALLAHASSEE FL 32312TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPT.TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPT.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: Joanne C. Mendez

Date: 01/15/2000