

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **999000022584**
 1. Entity Name
MIND-TIME ENTERPRISE, INC.

FILED
May 04, 2000 8:00 am
Secretary of State
 05-04-2000 90119 018 ***150.00

Principal Place of Business Mailing Address
901 Lithia Pincrest Road
Brandon, FL 33511

2. Principal Place of Business 3. Mailing Address
901 Lithia Pincrest Road **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Zip Country
Brandon, FL **33511** **Hillsborough**

4. FEI Number
59-3589756
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Robert F. Cohen CPA PA
2918 Busch Lake Blvd
Tampa, FL 33614

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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 ☐ **\$5.00** May Be Added to Fees -- Trust Fund Contribution. -- ☐

11. **Vice President** OFFICERS AND DIRECTORS

TITLE	Brian Rand	<input type="checkbox"/> Delete
NAME	13802 N 42nd Street	
STREET ADDRESS	Tampa, FL 33613	
CITY-ST-ZIP		
TITLE	President	<input type="checkbox"/> Delete
NAME	Brett Markowitz	
STREET ADDRESS	901 Lithia Pincrest Road	
CITY-ST-ZIP	Brandon, FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Brett Markowitz** **4/14/00 (813) 917-1000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #