FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 DEC 12 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022602

1. Entity Name
Minds Combined, Inc.

DO NOT WRITE IN THIS SPACE REINSTATEMENT 02-07

300023993813
10/21/03--01162--003 **635.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
132 East Colonial Drive	833 South Brevard Avenue
Suite 216	
Orlando, Florida	Cocoa Beach, Florida
32801 USA	32931 USA

4. FEI Number 59-3587819 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Glenn T. Sundin, Attorney
Street Address (P.O. Box Number is Not Acceptable): 335 South Plumosa Street
Suite A
City: Merritt Island FL Zip Code: 32952

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: Glenn T. Sundin 10-15-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Davone Williams, CEO 1720 Minuteman Causeway Cocoa Beach, Florida 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William J. Maguire, Pres. & Secr. 833 South Brevard Avenue Cocoa Beach, Florida 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dana Ciccone, Treas. & Vice Pres. P. O. Box 410253 Melbourne, Florida 32941
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	300023993813 12/16/03--01014--013 **265.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Pres. William J. Maguire 10/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Tr