

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90149 038 \*\*\*550.00

0137521 AT

DOCUMENT # P99000032032

1. Entity Name  
TMINUS11, INC.



Principal Place of Business  
1203 HELENA ROAD  
WINTER HAVEN FL 33884

Mailing Address  
1203 HELENA ROAD  
WINTER HAVEN FL 33884



2. Principal Place of Business  
8337 Via ROSA

3. Mailing Address  
8337 Via ROSA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ Address Changes  
CHECK HERE IF MAKING CHANGES

City & State  
Orlando, FLORIDA

City & State  
Orlando, Florida

4. FEI Number 59-3586413

Applied For  
Not Applicable

Zip 32836 Country US

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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

NEWGENT, STACEY REID  
1203 HELENA ROAD  
WINTER HAVEN FL 33884

Name Stacey Newgent Reid  
Street Address (P.O. Box Number is Not Acceptable)  
8337 VIA ROSA

City Orlando FL Zip Code 32836

Moving September 20, 2003 to new Address

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 \_\_\_\_\_ DATE 7/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President NEWGENT, STACEY REID 1203 HELENA ROAD WINTER HAVEN FL 33884	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 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

7/24/03

Date

Daytime Phone #

CR2E034 (4/03)