

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90135 024 ***150.00

DOCUMENT # *P99000051308*

1. Entity Name

Mynatt Tik Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Sarasota Fl.

3. Mailing Address

7450 N. Leewynn Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota Fl.

City & State

Sarasota Fl.

4. FEI Number

65-0925408

Applied For

Not Applicable

Zip

34240

Country

U.S

Zip

34240

Country

U.S

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Chad Mynatt

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

7450 N. Leewynn Dr

City

Sarasota

FL

Zip Code

34240

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/03

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
*President - Chad Mynatt
7450 N. Leewynn Dr.
Sarasota Fl. 34240*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer - Gary Callahan

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Chad Mynatt

3/3/03

941-809-2505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)