

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052937

1. Entity Name  
MINGLEDORFF DESIGN, INC.

**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**  
09-12-2000 90006 030 \*\*\*550.00

Principal Place of Business Mailing Address  
~~801 MAPLEWOOD DRIVE STE 16~~ ~~801 MAPLEWOOD DRIVE STE 16~~  
~~JUPITER FL 33458-5544~~ ~~JUPITER FL 33458-5544~~

SEE BELOW

2. Principal Place of Business 3. Mailing Address  
122 SEABREEZE CR. P.O. BOX 2289  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
JUPITER FL JUPITER FL  
City & State City & State  
33477 33468-2289  
Zip Country Zip Country  
PALM BEACH 33468-2289 PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number 12-0844604  
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
MINGLEDORFF, SUSAN C 122 SEABREEZE CR.  
801 MAPLEWOOD DRIVE STE 16 122 SEABREEZE CR.  
JUPITER FL 33458-5544 JUPITER FL  
33477

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 Susan C. MingleDorff SUSAN C. MINGLEdorff 7/17/00  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	P/V/D SUSAN C. MINGLEdorff
STREET ADDRESS		STREET ADDRESS	122 SEABREEZE CR.
CITY-ST-ZIP		CITY-ST-ZIP	JUPITER FL 33477
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	B/T BARBARA ANN TRIP
STREET ADDRESS		STREET ADDRESS	2706 IDEAN LANE
CITY-ST-ZIP		CITY-ST-ZIP	HONROE LA 71201
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Susan C. MingleDorff SUSAN C. MINGLEdorff 561-748-1735  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (5/00)