

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052937

1. Entity Name

MINGLEDORFF DESIGN, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90005 005 ***150.00

0512852

Principal Place of Business

Mailing Address

122 SEABREEZE CR, JUPITER FL 33477
701-E PINECREST CR P.O. BOX 2289
JUPITER, FL 33468 JUPITER FL 33468-2289

819046



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 72-0844604

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MINGLEDORFF, SUSAN C
122 SEABREEZE CR
JUPITER FL 33477

Name

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

701-E PINECREST CIRCLE

City

JUPITER

FL

Zip Code

33458

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

3/30/01

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. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 PVD
NAME MINGLEFORFF, SUSAN C
STREET ADDRESS 122 SEABREEZE CR
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME TRIPI, BARBARA A
STREET ADDRESS 2706 IDEVAN LANE
CITY-ST-ZIP MONROE LA 71201 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

3/30/01

Daytime Phone #

561.748.1735

CR2E034 (10/00)