

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 8:00 am**
Secretary of State

04-27-2001 90231 011 ***150.00

DOCUMENT # P99000098442

1. Entity Name

MINDDABBLER, INC.

Principal Place of Business

**859 E. JEFFREY ST., #105
BOCA RATON FL 33487**

Mailing Address

**859 E. JEFFREY ST., #105
BOCA RATON FL 33487**

2. Principal Place of Business

124 N. W. 10th Street

Suite, Apt. #, etc.

3. Mailing Address

124 N. W. 10th Street

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

Country

33432

City & State

Boca Raton, FL

Zip

Country

33432

4. FEI Number

65-0959679

Applied For

Not Applicable

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

ALKON, AVIEL**859 E. JEFFREY ST., #105
BOCA RATON FL 33487**

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

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 | PTS | <input type="checkbox"/> Delete |
| NAME | ALKON, SHAWNA | |
| STREET ADDRESS | 859 E JEFFREY ST #105 | |
| CITY-ST-ZIP | BOCA RATON FL 33487 | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
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| NAME | | |
| STREET ADDRESS | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shawna Alkon**4-23-01**

Date

561-376-1177

Daytime Phone #

CR2E034 (10/00)