

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19958

1. Entity Name

STATE OF MIND ASSOCIATES, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90191 036 ***155.00

Principal Place of Business
1586 LEE AVE
TALLAHASSEE FL 32303
US

Mailing Address
1703 SILVERWOOD DRIVE
TALLAHASSEE FL 32301
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FET Number 59-3040294

Approved 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

ARMSTRONG, EVA
1703 SILVERWOOD DR.
TALLAHASSEE FL 32301

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, if applicable)

(Typed or printed name of agent, if applicable, if not applicable, leave blank)

1999

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. Excess Campaign Financing Trust Fund Contribution. ☒

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
HICKAM, DALE
1586 LEE AVE.
TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
P
Hickam, Dale
1359 Silver Moon Dr
Tallahassee, FL 32312 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
V
ARMSTRONG, EVA
1703 SILVERWOOD DR.
TALLAHASSEE FL 32301 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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

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CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-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)(b), Florida Statutes, and 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

EVA ARMSTRONG, 1-17-01 850-224-9088