

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90085 001 ***150.00

DOCUMENT # S96804

1. Entity Name

D. MINCH, P.A.

Principal Place of Business

201 EAGLETON LAKES BLVD
 PALM BEACH GARDENS FL 33418

Mailing Address

201 EAGLETON LAKES BLVD
 PALM BEACH GARDENS FL 33418

2. Principal Place of Business

712 US Hwy 1

3. Mailing Address

5388 BELLE MEAD DR

Suite, Apt. #, etc.

210

Suite, Apt. #, etc.

City & State

NO. PALM BEACH FL.

City & State

AIKEN, S.C.

4. FEI Number

65-0298410

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

29803

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MINCH, DONALD
 201 EAGLETON LAKES BLVD
 PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name DON MINCH

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

712 US Highway 1 - Suite 210

City

NO PALM BEACH

FL

Zip Code

33408

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

TITLE D ☐ Delete
 NAME MINCH, DONALD
 STREET ADDRESS 201 EAGLETON LAKES BLVD
 CITY-ST-ZIP PALM BCH GARDENS FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 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

Date

Daytime Phone #

Jan 29, 01 561-762-0774

CR2E034 (10/00)