

DOCUMENT # 636734

1. Entity Name

MID-EAST MFG., INCORPORATED

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90003 031 ***150.00

Principal Place of Business

Mailing Address

7694 PROGRESS CIR
WEST MELBOURNE FL 32904
US

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WEST MELBOURNE FL 32904
US



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 59-1937039

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

KUNDRAT, STEVEN N.
4061 JANEWOOD LN.
MELBOURNE FL 32935

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDRAT, STEVEN N.	NAME	
STREET ADDRESS	4061 JANEWOOD LN.	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDRAT, ALICE J.	NAME	
STREET ADDRESS	4061 JANEWOOD LN.	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDRAT, STEVEN N., JR.	NAME	
STREET ADDRESS	108 PEEKAKILL	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDRAT, PHILIP T	NAME	
STREET ADDRESS	401 CLUB TRAIL #9	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNDRAT, GREG A	NAME	
STREET ADDRESS	4122 CHELAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTING, JEFF M	NAME	
STREET ADDRESS	2613 CAROL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	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:

Steven N. Kundrat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN N. KUNDRAT

01/04/01 321-724-1477
Date Daytime Phone #

CFR2E034 (10/00)