

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90044 036 ***150.00

DOCUMENT # F81536

1. Entity Name

MID-FLORIDA CONSTRUCTION CONSULTANTS, INC.

Principal Place of Business

Mailing Address

% JAMES W. BARTOE
 250 WILSHIRE BLVD #110
 CASSELBERRY FL 32707
 US

% JAMES W. BARTOE
 185 SPRING ISLE TRAIL
 ALTAMONTE SPRINGS FL 32714-3416

UUU10010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~362 A South Grant St.~~
 Suite, Apt. #, etc.

~~362 A South Grant St.~~
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2243067

Applied For

Not Applicable

Longwood, Fla.

Longwood, Fla.

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

32750

USA

32750

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTOE, JAMES W
185 SPRING ISLE TRAIL
ALTAMONTE SPRINGS FL 32714-3416

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	PST BARTOE, JAMES W. 185 SPRING ISLE TR. ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTOE, JAMES W. 185 SPRING ISLE TR. ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bartoe, James W. 185 Spring Isle Tr. Altamonte Springs, Fla. 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Henson, Ronald II 362 A South Grant Street Longwood, Fla. 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Bartoe 407-331-3773
 Date Daytime Phone

CFR 014 (9/89)