

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004649

1. Entity Name

MID-AMERICA TAPING & REELING, INC.

**FILED**  
**Feb 11, 2000 8:00 am**  
**Secretary of State**

02-11-2000 90020 041 \*\*\*150.00

Principal Place of Business 121 EXCHANGE BLVD. GLENDALE HEIGHTS IL 60139	Mailing Address 121 EXCHANGE BLVD. GLENDALE HEIGHTS IL 60139-2095
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 121 EXCHANGE BLVD	3. Mailing Address 121 EXCHANGE BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State GLENDALE HEIGHTS IL	City & State GLENDALE HEIGHTS IL
Zip 60139	Country USA

4. FEI Number **36-3333114**  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STUBBS, BARBARA L**  
**6601 LYONS ROAD E-5**  
**COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name: **PAULS, BARBARA A. - "MARRIED NAME"**  
 Street Address (P.O. Box Number is Not Acceptable): **6601 LYONS RD E-5**  
 City: **COCONUT CREEK FL** Zip Code: **33073**

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: **BARBARA A. PAULS F/K/A BARBARA L. STUBBS** *Barbara A. Pauls* DATE: **1-20-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<b>PCDT</b> <b>PAULS, BARBARA L</b> <b>121 EXCHANGE BLVD.</b> <b>GLENDALE HEIGHTS IL 60139</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PAULS, ROBERT J</b> <b>121 EXCHANGE BLVD</b> <b>GLENDALE HEIGHTS IL 60139</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Barbara A. Pauls* **BARBARA A. PAULS** DATE: **1-20-00** DAYTIME PHONE #: **(307) 629-6646**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR