

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90165 003 ***150.00

DOCUMENT # F98000004649

1. Entity Name
MID-AMERICA TAPING & REELING, INC.

Principal Place of Business

**6601 LYONS ROAD
 SUITE E5
 COCONUT CREEK FL 33073**

Mailing Address

**121 EXCHANGE BLVD.
 GLENDALE HEIGHTS IL 60139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-3333114**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PAULS, BARBARA A
 6601 LYONS ROAD E-5
 COCONUT CREEK FL 33073**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	PCDT PAULS, BARBARA L 121 EXCHANGE BLVD. GLENDALE HEIGHTS IL 60139	<input type="checkbox"/> Delete
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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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-02 (630)629-6646
 Date Daytime Phone #

CR2E034 (4/02)



Tape and Reel, Inc.

Attachment

*# F98000000419
124898*

August 23, 2002

Uniform Business Report
Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

Dear Division of Corporations,

I received the UBR Instructions report in the mail and it has come to my attention that it was to be filed this past spring. I am sorry that I had not received any materials on this earlier this year. This is the first report that I received this year. Please accept my check for the \$150.00 filing fees and please waive the penalty charges.

If any additional information is required, please contact me at 630-629-6646.

Kindest Regards,

Barbara Pauls
President/CEO