FILED
May 12, 2003 8:00 am
Secretary of State

04-04-2003 90115 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000049906

1. Entity Name
MIDCOAST ENTERPRISES, INC.

55039610

Principal Place of Business	Mailing Address
2560-3 E. ARAGON BLVD	2560-3 E. ARAGON BLVD
FT. LAUDERDALE FL 33313	FT. LAUDERDALE FL 33313

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Krauss, Joel
2740 NE 15th Street #3
Ft. Lauderale, FL 33313

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3323672 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KRAUSS, JOEL
2192 FINLAND DR
SPRING HILL FL 34609

7. Name and Address of New Registered Agent
Krauss, Joel
2740 NE 15th Street #3
Ft. Lauderale, FL 33313

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 ... h, and accept the obligations of registered agent.

SIGNATURE [signature] 4-1-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRAUSS, JOEL 2560-3 E ARAGON BLVD. FORT LAUDERDALE FL 33313	☐ Delete	Krauss, Joel 2740 NE 15th Street #3 Ft. Lauderale, FL 33313
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 4/1/03 954-771-5625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #