

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90924 034 ***150.00

DOCUMENT # P99000041598

1. Entity Name
MID-FLORIDA CONSTRUCTION SERVICES, INC.

Principal Place of Business

15415 BELLAMY RD.
 TAMPA FL 33625

Mailing Address

15415 BELLAMY RD.
 TAMPA FL 33625

2. Principal Place of Business

15471 Bellamy Rd.

3. Mailing Address

15471 Bellamy Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number **59-3578049**

Applied For

Not Applicable

Zip Country Zip Country
33625 U.S.A. 33625 U.S.A.

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

**ROGERS, KENNETH
 15415 BELLAMY RD.
 TAMPA FL 33625**

Name **Robert H. ~~Burkart~~ Burkart**

Street Address (P.O. Box Number is Not Acceptable)

15471 Bellamy Rd.

City **Tampa, FL** Zip Code **33625**

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 *Robert H. Burkart III* **Robert H. Burkart**

4-25-01

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, KENNETH M	
STREET ADDRESS	15415 BELLAMY RD	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	S Burkart	<input checked="" type="checkbox"/> Delete
NAME	BURKHART, ROBERT H	
STREET ADDRESS	15471 BELLAMY RD	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	T.	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, DENNIS N	
STREET ADDRESS	15411 BELLAMY RD	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P-Burkart	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burkart Robert H	
STREET ADDRESS	15471 Bellamy Rd	
CITY-ST-ZIP	Tampa, FL 33625	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Robert H. Burkart III* **Robert H. Burkart** **4-25-01** **813-960-2845**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE