

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 333956

1. Entity Name

MID-COUNTY SERVICES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90010 026 ***150.00

Principal Place of Business

Mailing Address

2335 SANDERS RD
P. O. BOX 4100
NORTHBROOK IL 60062
US

2335 SANDERS RD
P. O. BOX 4100
NORTHBROOK IL 60062-6108
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1229280

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	CEO	<input type="checkbox"/> Delete
NAME	CAMAREN, JAMES	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHUMACHER, LAWRENCE	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WENZ, CARL	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	DOPUCH, ANDREW	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK IL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTER, DAVID	
STREET ADDRESS	2335 SANDERS RD	
CITY-ST-ZIP	NORTHBROOK, IL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RASMUSSEN, DONALD	
STREET ADDRESS	200 WEATHERSFIELD AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	

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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew Dopuch

4/4/2000

847-498-6440

Date

Daytime Phone #

CR2E034 (9/99)