

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 556830

1. Entity Name

MIDDLETON SALES COMPANY, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90103 002 ***150.00

Principal Place of Business

Mailing Address

8282 WESTERN WAY CIR. B-4
JACKSONVILLE FL 32256
US

8282 WESTER WAY CIRCLE
B-4
JAX. FL 32256
US

2. Principal Place of Business

6919 Distribution Ave. S.

3. Mailing Address

6919 Distribution Ave. S.

Suite, Apt. #, etc.

#7

Suite, Apt. #, etc.

#7

City & State

Jax, FL

City & State

Jax, FL

Zip

32256

Country

USA

Zip

32256

Country

USA

4. FEI Number

59-1789909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIDDLETON, CHRISTIE R., JR.
4575 WHISPERING INLET DRIVE
JAX FL 32211

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	PTD			
	MIDDLETON, CHRISTIE, JR.	4575 WHISPERING INLET DRIVE	JAX FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-00

904 739-3332

CR2E034 (9/99)