

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90417 013 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 690777

1. Entity Name
MIFO MANAGEMENT INFORMATION, INC.

Principal Place of Business THE BARNETT CENTER 4501 TAMIAMI TRAIL NORTH, #300 NAPLES FL 34103-3060 US	Mailing Address C O QUARLES & BRADY LLP 4501 TAMIAMI TRAIL NORTH, #300 NAPLES FL 34103-3023 US
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2. Principal Place of Business 4501 Tamiami Trail North	3. Mailing Address c/o Quarles & Brady LLP
Suite, Apt. #, etc. Suite 300	Suite, Apt. #, etc.
City & State Naples, Florida	City & State
Zip 34103-3060	Country US
Zip 34103-3060	Country

4. FEI Number 59-2167801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MCMACKIN, F JOSEPH III
 C O QUARLES & BRADY LLP
 4501 TAMIAMI TRAIL NORTH, #300
 NAPLES FL 34103**

7. Name and Address of New Registered Agent
 Name **Naples Lawdock, Inc.**
 Street Address (PO Box Number is Not Acceptable)
c/o Quarles & Brady LLP
4501 Tamiami Trail North, Suite 300
 City **Naples** **FL** **34103-3060**

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 **F. JOSEPH MCMACKIN, III** DATE **4/12/00**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
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 VS	<input type="checkbox"/> Delete	TITLE SEEHAUSEN, BEI MURNAU, GERMANY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRSCHBAUM, LIS I		NAME	
STREET ADDRESS SEESTR 25 D-82418		STREET ADDRESS	
CITY-ST-ZIP SEEHAUSEN, W GERMAN00000		CITY-ST-ZIP	
TITLE PT	<input type="checkbox"/> Delete	TITLE SEEHAUSEN, BEI MURNAU, GERMANY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRSCHBAUM, JOHN A DR		NAME	
STREET ADDRESS SEESTR 25 D-82418		STREET ADDRESS	
CITY-ST-ZIP SEEHAUSEN, W GERMAN00000		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **John Kirschbaum** DATE **4/5/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)