

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849333

1. Entity Name

MIDWEST INTERNATIONAL, INC.

**FILED**  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90143 049 \*\*\*150.00

0570883

Principal Place of Business  
658 WILMINGTON AVENUE  
SALT LAKE CITY UT 84106  
US

Mailing Address  
658 WILMINGTON AVENUE  
SALT LAKE CITY UT 84106  
US

00047556



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
425 NORTH 400 WEST  
Suite, Apt. #, etc. #2D

3. Mailing Address  
425 NORTH 400 WEST  
Suite, Apt. #, etc. #2D

City & State  
NORTH SALT LAKE, UT  
Zip 84054 Country USA

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NORTH SALT LAKE, UT  
Zip 84054 Country USA

4. FEI Number 87-0282300  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
VANCLEVE, JIM  
3601 W. MORRISON AVE.  
TAMPA FL 33629

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, 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

TITLE	RD	<input type="checkbox"/> Delete
NAME	LARSEN, REID S	
STREET ADDRESS	762 S 850 E	
CITY-ST-ZIP	BOUNTIFUL UT	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SUNDBLOM, RICHARD L	
STREET ADDRESS	4243 KING ARTHUR DR.	
CITY-ST-ZIP	W. VALLEY UT	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, KENNETH	
STREET ADDRESS	2363 E. OAKCREST LANE	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	VB	<input type="checkbox"/> Delete
NAME	LARSEN, BRAD R	
STREET ADDRESS	2074 N. KINGSTON RD	
CITY-ST-ZIP	FARMINGTON UT	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNING, RANOEY	
STREET ADDRESS	1085 N. 1200 E.	
CITY-ST-ZIP	BOUNTIFUL UT	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARSEN, JANICE	
STREET ADDRESS	762 S. 850 E	
CITY-ST-ZIP	BOUNTIFUL UT	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" 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	PD	<input checked="" 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	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE LARSEN	
STREET ADDRESS	2074 N Kingston Rd	
CITY-ST-ZIP	FARMINGTON, UT 84025	

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:

*Richard L. Lane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-01

Date

801-292-0642

Daytime Phone #

CR2E034 (10/00)