

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90357 027 \*\*\*150.00

**DOCUMENT # F01000002002**

1. Entity Name  
**MIDAMERICA ADMINISTRATIVE & RETIREMENT SOLUTIONS, INC.**



Principal Place of Business  
**PO-BOX 5666  
LAKELAND-FL-33807**

Mailing Address  
**PO-BOX 5666  
LAKELAND-FL-33807**



2. Principal Place of Business  
**211 E. Main St. Ste.**

3. Mailing Address  
**211 E. Main St.**

Suite, Apt. #, etc.  
**Suite 100**

CHECK HERE IF MAKING CHANGES

City & State  
**Lakeland FL**

City & State  
**Lakeland FL**

Zip  
**33801**

Country  
**US**

4. FEI Number  
**59-3526224**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GEORGES, ROBERT J**  
**211 EAST MAIN STREET**  
**LAKELAND FL 33807**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**211 E. Main St.**  
**Suite 100**  
City  
**Lakeland FL** Zip Code  
**33801**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>GEORGES, ROBERT J</b> <b>4935 SOUTHFORK DRIVE</b> <b>LAKELAND FL 33813</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>COMPTON, WESLEY</b> <b>PO BOX 5666</b> <b>LAKELAND FL 33807</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>BOWERS, KIMBERLY</b> <b>PO BOX 5666</b> <b>LAKELAND FL 33807</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>211 E. Main St., Ste. 100</b> <b>Lakeland, FL 33801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>211 E. Main St., Ste. 100</b> <b>Lakeland, FL 33801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>211 E. Main St., Ste. 100</b> <b>Lakeland, FL 33801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kimberly D. Bowers** **Kimberly D. Bowers** **4/10/03** **863-688-4500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)