

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2003 8:00 am**  
**Secretary of State**

06-03-2003 90039 029 \*\*\*150.00

DOCUMENT # F97000002812

1. Entity Name

MIDWEST RESEARCH of MICHIGAN, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1401 N 61ST AVE.

Suite, Apt. #, etc.

3. Mailing Address

1401 N 61ST AVE.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ST. PETERSBURG

Zip

33703

Country

Pinellas

City & State

ST. PETERSBURG

Zip

33703

Country

Pinellas

4. FEI Number

38-2744273

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lucille Whiting Stitz

Street Address (P.O. Box Number is Not Acceptable)

1401 N 61ST AVE

City

ST. PETERSBURG

FL

Zip Code

33703

**DO NOT WRITE  
IN THIS SPACE**

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

*Lucille Whiting Stitz*

(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

5/27/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
PRESIDENT  
LUCILLE WHITING STITZ  
1401 N 61ST AVE.  
ST. PETERSBURG FL 33703

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIRECTOR  
ENGELBERT C. BUERGER  
1110 26TH STREET NORTH  
ST PETERSBURG FL 33713

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lucille Whiting Stitz, President*

5/27/03

727-896-4175

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E034B (12/02)