## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME O

## Apr 22, 2002 8:00 am Secretary of State F97000003375 DOCUMENT # 1. Entity Name 04-22-2002 90191 048 \*\*\*150.00 MIDWEST BENEFITS SYSTEMS, INC. Principal Place of Business Mailing Address 1303 COBIA COURT 1303 COBIA COURT NAPLES FL 34102 NAPLES FL 34102 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 35-1432514 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent Name MEADE, BYRON Street Address (P.O. Box Number is Not Acceptable) 1303 COBIA COURT NAPLES FL 34102 Zip Code City the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The abc SIGNATURE quired when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE NAME NAME MEADE, BYRON STREET ADDRESS STREET ADDRESS 1303 COBIA COURT CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MEADE, JOLENE STREET ADDRESS STREET ADDRESS 1303 COBIA COURT CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34102 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE 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 true 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.

ENEMEADE

FILED