2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F98000005791 1. Entity Name MIDWEST DISCOUNT BROKERS, INC. Principal Place of Business 1520 E. PRIMROSE SPRINGFIELD MO 65804 Mailing Address 1520 E. PRIMROSE SPRINGFIELD MO 65804 DUUN1320

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2. Principal Place of Business		3. Mailing Address		┦							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE							
City & State		City & State		4. FEI Nu	FEI Number 43-1613019				_ 	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certific	5. Certificate of Status Desired				\$8.75 Additional Fee Required		
	6. Name and Address of Current Re	gistered Agent		7 Name	and Ad	dress of l	New Regist	tered Ag	jent		
			Name								
DEWEESE, GARY 2651 MCCORMICK DR SUITE 116 CLEARWATER FL 33759			Street Address	Street Address (P.O. Box Number is Not Acceptable)							
				· ·							
			City					FL	Zip Cod	le	
9. This corpo Tax filing re	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible equirement and elects to do so.	REE-IS \$550.00 2000 Min. will be \$7	50.00	Election	in Campa und Conti	ign Financir	DATE ng		00 May Be		
11.	OFFICERS AND DI	<u> </u>	12.		NS/CH/	ANGES TO	O OFFICER	S AND E	DIRECTOR	S IN 11	
TITLE	CP DEWEESE, GARY	☐ Delete	TITLE .						Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	341 CASTLEGATE OZARK MO 65742		STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, DANA 4487 STATE HWY J ROGERSVILLE MO 65742	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOOD, DARLENE 3428 HWY UU MILLER MO 65707	- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	To a.		•		[Change	Addition	
TITLE NAME STREET ADDRESS	V PIGG, RICHARD T 1221 S. PAULA	☐ Delete	TITLE NAME STREET ADDRESS					[Change	☐ Addition	

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SPRINGFIELD MO 65804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Delete

☐ Delete

8-21-00

ate

Daytime Phone #

Change

Change

☐ Addition

Addition