

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J34311

1. Entity Name

MIDNIGHT TO MORNING, INC.

Principal Place of Business

% JOHN R. BICHSEL
790 HICKORY LANE
PALM HARBOR FL 34683

Mailing Address

% JOHN R. BICHSEL
790 HICKORY LANE
PALM HARBOR FL 34683

2. Principal Place of Business

7845 53rd Way
Suite, Apt. #, etc.

3. Mailing Address

7845 53rd Way
Suite, Apt. #, etc.

City & State

Pineellas Park Florida

City & State

Pineellas Park Florida

Zip

33781

Country

USA

Zip

33781

Country

USA

4. FEI Number

59-2709865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BICHSEL, JOHN R.
790 HICKORY LANE
PALM HARBOR FL 34683

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BICHSEL, JOHN R.
790 HICKORY LANE
PALM HARBOR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BICHSEL, PATTIE A
790 HICKORY LANE
PALM HARBOR FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

John R. Bichsel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

813-784-8225

Daytime Phone #

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90165 047 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)