

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90048 008 \*\*\*150.00

**DOCUMENT # K12111**

1. Entity Name  
**THE MIDAS FINANCIAL GROUP, INC.**

Principal Place of Business

~~1084 RIBAUT ROAD  
 STE. B  
 BEAUFORT SC 29902  
 US~~

Mailing Address

~~1084 RIBAUT ROAD  
 STE. B  
 BEAUFORT SC 29902  
 US~~

00042493



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*2 Means Bluff Way*  
 Suite, Apt. #, etc.  
*PO Box 355*

3. Mailing Address

*2 Means Bluff Way*  
 Suite, Apt. #, etc.  
*PO Box 355*

City & State

*Sheldon SC*

City & State

*Sheldon SC*

4. FEI Number

**65-0028433**

Applied For

Not Applicable

Zip

*29941*

Country

*Beaufort*

Zip

*29941*

Country

*Beaufort*

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

**FIELDSTONE, RONALD R**  
**200 BISCAYNE BLVD.**  
**MIAMI FL 33156**

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, 2000 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	<b>PTD</b> <b>THORNE, LONDON K.</b> <b>BRAYS ISLAND PLANTATION</b> <b>SHELDON SC 29941</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>THORNE, MARY L.</b> <b>BRAYS ISLAND PLANTATION</b> <b>SHELDON SC 29941</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SEC</b> <b>DEAN, CAROLYN T</b> <b>020 ELLIOT ST.</b> <b>BEAUFORT SC 29902</b></del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>SEC</b> <b>HUGHES, MARY</b> <b>FISHER RD</b> <b>VARNVILLE SC 29944</b></del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*PRES*

Date

Daytime Phone #

*2-2-00 (843)846-6088*

CR2E034 (9/99)