

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K12111

1. Entity Name

THE MIDAS FINANCIAL GROUP, INC.

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

03-22-2000 90048 008 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

2 Means Bluff Way

Suite, Apt. #, etc.

PO Box 355

City & State

Sheldon SC

Zip

29941

Country

Beaufort

3. Mailing Address

2 Means Bluff Way

Suite, Apt. #, etc.

PO Box 355

City & State

Sheldon SC

Zip

29941

Country

Beaufort



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0028433

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

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	PTD THORNE, LONDON K. BRAYS ISLAND PLANTATION SHELDON SC 29941	<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	VPD THORNE, MARY L. BRAYS ISLAND PLANTATION SHELDON SC 29941	<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	SEC DEAN, CAROLYN T 020 ELLIOT ST. BEAUFORT SC 29902	<input checked="" 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	SEC HUGHES, MARY FISHER RD VARNVILLE SC 29944	<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"/> 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"/> Delete	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

Date

Daytime Phone #

2-2-00 (843)846-6088

CR2E034 (9/99)