

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54305

1. Entity Name

MIDWEST MARKETING COMPANY, INC.

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90088 045 ***150.00

Principal Place of Business

Mailing Address

910 MADISON ST.
~~P.O. BOX 250~~
~~LAKE GENEVA WI 53147~~
US

910 MADISON ST.
~~P.O. BOX 250~~
~~LAKE GENEVA WI 53147-0250~~
US

2. Principal Place of Business

230 E. ONTARIO ST.

3. Mailing Address

P.O. BOX 11108

Suite, Apt. #, etc.

SUITE 2204

Suite, Apt. #, etc.

~~CHICAGO, IL~~

City & State

CHICAGO, IL

City & State

~~CHICAGO, IL~~

Zip

60611

Country

USA

Zip

60611

Country

USA

4. FEI Number

65-0089683

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOULD, PATRICK
1900 N. ANDREWS AVE. EXTENSION
UNIT C
POMPANO BEACH FL 33069

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

TITLE DVP
NAME HOPKINS, PATRICK
STREET ADDRESS 521 MORGAN DR.
CITY-ST-ZIP WILLIAMS BAY WI 53191 ☐ Delete

TITLE DP
NAME HOPKINS, BERNADETTE
STREET ADDRESS 521 MORGAN DR.
CITY-ST-ZIP WILLIAMS BAY WI 53191 ☐ Delete

TITLE DVP
NAME LOTH, CHARLES
STREET ADDRESS 322 WARREN ST.
CITY-ST-ZIP LAKE GENEVA WI 53147 ☒ Delete

TITLE DVP
NAME JOHNSTON, JOHN
STREET ADDRESS 912 KEHOE DR
CITY-ST-ZIP ST. CHARLES IL 60174 ☐ Delete

TITLE DVP
NAME TRICIA RUBY
STREET ADDRESS 9 HIGHLAND
CITY-ST-ZIP GRAYS LAKE, IL 60030 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick Hopkins PATRICK HOPKINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00 312-343-723

Date

Daytime Phone #