

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90040 021 \*\*\*150.00

**DOCUMENT # K57922**

1. Entity Name  
**MIRODON GROUP, INC.**

Principal Place of Business

~~2556 SHOREWOOD LANE~~  
~~P.O. BOX 1171~~  
~~LAND O LAKES FL 34639~~  
 US

Mailing Address

THE MIRODON GROUP, INC  
 P.O. BOX 1171  
 LAND O LAKES FL 34639-1171  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3423 W. LASALLE STREET**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**TAMPA, FL**

City & State

4. FEI Number **59-2927425**

Applied For  
 Not Applicable

Zip

**33607**

Country

**US**

Zip

Country

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

**ROGER J. KASOUF JR.**  
~~2556 SHOREWOOD LANE~~  
~~LAND O LAKES FL 34639~~

Name

Street Address (P.O. Box Number is Not Acceptable)

**3423 W. LASALLE STREET**

City **TAMPA**

**FL**

Zip Code **33607**

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 *Roger J. Kasouf Jr.*

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/1/2000**  
 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	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>KASOUF, ROGER J. JR.</b>	<b>P.O. BOX 1171, 2556 SHOREWOOD LANE</b>	<b>LAND O LAKES FL</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>3423 W. LASALLE STREET</b>	<b>TAMPA, FL 33607</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 *Roger J. Kasouf Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/2000**  
 Date

**813-996-6645**  
 Daytime Phone #