

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-10-2001 90009 028 ***150.00

DOCUMENT # K68475

1. Entity Name

MIDSA CORP.

Principal Place of Business

713 CENTER CREST BLVD.
713 CENTER CREST BLVD.
DAVENPORT FL 33837
US

Mailing Address

713 CENTER CREST BLVD.
DAVENPORT FL 33837
US

2. Principal Place of Business

1955 Bermuda Pointe

3. Mailing Address

Suite, Apt. #, etc.

City & State

Haines City

City & State

Zip

Country

Zip

Country

33844

Polk

4. FEI Number

59-2933876

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SAGER, THEODOR J.

~~713 CENTER CREST BLVD~~
~~DAVENPORT FL 33837~~

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, 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

TITLE **D** ☒ Delete
NAME **SAGER, THEODOR J.**

STREET ADDRESS
CITY-ST-ZIP
Theodor & Annaliese Sager
1955 Bermuda Pointe Drive
Haines City, FL 33844

TITLE ☒ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP
713 CENTER CREST BLVD
DAVENPORT FL

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS
CITY-ST-ZIP

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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-01

CR2E034 (10/00)