# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004553

1. Entity Name

MIDEB, LLC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 18537 Oak Way Drive<br>Hudson, Fl. 34667 | 18537 Oak Way Drive<br>Hudson, Fl. 34667 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1470 S. Suncoast Blvd.<br>Suite, Apt. #, etc. | 7097 S. Threshold Pt.<br>Suite, Apt. #, etc. |
| City & State: Homosassa, Fl. | City & State: Homosassa, Fl. |
| Zip: 34448 Country: USA | Zip: 34446 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3638377 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| Larry J. Gonzales, PA.<br>2739 US Hwy 19 Suite 223<br>Holiday, Fl. 34691 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

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

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Manager<br>Michael Hallal<br>18537 Oak Way Drive<br>Hudson, Fl. 34667 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 100003994491--2<br>-04/12/01--01073--004<br>*****55.00 *****55.00 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Deborah Hallal<br>18537 Oak Way Drive<br>Hudson, Fl. 34667 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Joseph C. Fioretti<br>7097 S. Treshold Pt.<br>Homosassa, Fl. 34446 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Manager<br>Joseph C. Fioretti<br>7097 S. Threshold Pt.<br>Homosassa, Fl. 34446 ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Elizabeth G. Fioretti<br>7097 S. Threshold Pt.<br>Homosassa, Fl. 34446 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Larry E. Shearin<br>8 Plum Ct.<br>Homosassa, Fl. 34446 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Jan C. Shearin<br>8 Plum Ct.<br>Homosassa, Fl. 34446 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Joseph C Fioretti JOSEPH C Fioretti 3/27/01 (352) 621-6644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #