

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90002 014 \*\*\*\*\*50.00

DOCUMENT # L01000004868

1. Entity Name  
MID-STATE PROPERTIES OF CENTRAL FLORIDA, L.L.C.

Principal Place of Business  
3125 REYNOLDS RD.  
LAKELAND FL 33801

Mailing Address  
P.O. BOX 1606  
EATON PARK FL 33840

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FEI Number  
73-1628367

Applied For  
Not Applicable

5. Certificate of Status Desired  
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
HOPPE, JONN D  
100 EAST MAIN ST.  
LAKELAND FL 33801

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
225 EAST LEMON ST.  
City  
LAKELAND FL 33801

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete  
PRESIDENT  
MICHAEL E. REED  
3125 REYNOLDS ROAD  
LAKELAND, FL 33801

10. ADDITIONS/CHANGES  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition  
Change Addition  
Change Addition  
Change Addition  
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: [Signature] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
Date 1-11-02 Daytime Phone 863-665-1309

CR2E083 (9/01)