

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90315 025 ***150.00

DOCUMENT # L83386

1. Entity Name

VAN MIDDLESWORTH AND COMPANY, P.A.

Principal Place of Business

Mailing Address

C/O CHARLES VAN MIDDLESWORTH
 674 FOURTH STREET NORTH
 ST. PETERSBURG FL 33701

C/O CHARLES VAN MIDDLESWORTH
 674 FOURTH STREET NORTH
 ST. PETERSBURG FL 33701-2320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3026738

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN MIDDLESWORTH, CHARLES
674 FOURTH STREET NORTH
ST. PETERSBURG FL 33701

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PSTD VAN MIDDLESWORTH, CHARLES	10100 TARPON DR	TREASURE ISLD FL	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD VanMiddlesworth, Guy G.	678 - 4th Street North	St. Petersburg, FL 33701	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD VanMiddlesworth, Charles, E.	678 - 4th Street North	St. Petersburg, FL 33701	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD VanMiddlesworth, Jill M.	678 - 4th Street North	St. Petersburg, FL 33701	<input type="checkbox"/>	<input checked="" 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 ed 727
 4/1/00 821-2006

CR2E034 (9/99)