## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 04, 2001 8:00 am Secretary of State DOCUMENT # P0000020596 MIDGARD HOLDINGS, INC. 05-04-2001 90051 026 \*\*\*150.00 Principal Place of Business Mailing Address 18091 CUTLASS DRIVE PMB 281, 16970-C SAN CARLOS BOULEVARD FORT MYERS BEACH FL 33931-2347 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address 12199 Siesta Drive PMB 281,16970-C Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE San Carlos Bouleward City & State 4. FEI Number Applied For FL ort Myers Beach Fort Myers 65-098467 Not Applicable Country U.S.A \$8.75 Additional 5. Certificate of Status Desired USA 33908 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bruce D. Robertson SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 city Fort Myers Beach 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 Bruce D. Robertson 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE ☐ Delete TITLE ■ Addition Bruce D. Robertson P 12199 Siesta Drue NAME STREET ADDRESS STREET ADDRESS Fort Myers Beach FL 33931 CITY-ST-ZIP CITY-ST-ZIP Bruce D. Robertson D TITLE TITLE D ☐ Delete ☐ Addition ☐ Change NAME NAME 12199 Siesta Drive STREET ADDRESS STREET ADDRESS Fort Myers Beach FL 33931 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered.

Bruce D. Robertson Presiden