

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90010 008 ***150.00

0050902 AV

DOCUMENT # P00000022813

1. Entity Name

MIDWEST RETAIL SERVICES, INC.

Principal Place of Business

~~155 BAIRD RD.~~
SANTA ROSA BCH FL 32459

Mailing Address

~~155 BAIRD RD.~~
SANTA ROSA BCH FL 32459

2. Principal Place of Business

65 TRADEWINDS DR.

Suite, Apt. #, etc.

3. Mailing Address

65 TRADEWINDS DR.

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL.

Zip

32459

Country

USA

City & State

SANTA ROSA BEACH, FL.

Zip

32459

Country

USA

4. FEI Number

36-3998276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIESEN, RONALD W

~~155 BAIRD RD.~~

SANTA ROSA BCH FL 32459

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

65 TRADEWINDS DR.

City

SANTA ROSA BEACH, FL

Zip Code

32459

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

Ronald W. Friesen

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

(NOTE: Registered Agent signature required when reinstating)

2/14/02

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, 2002 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 ☐ Delete
NAME **P FRIESEN, RONALD W**
STREET ADDRESS ~~155 BAIRD RD.~~
CITY-ST-ZIP **SANTA ROSA BCH FL 32459**

TITLE ☐ Delete
NAME **T FRIESEN, COLLEEN Y**
STREET ADDRESS ~~155 BAIRD RD.~~
CITY-ST-ZIP **SANTA ROSA BCH FL 32459**

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 **65 TRADEWINDS DR.**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **65 TRADEWINDS DR.**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Ronald W. Friesen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/02

Date

888-267-3487

Daytime Phone #

CR2E034 (9/01)