

2001 UNIFORM BUSINESS REPORT (UBR)

5/11

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-11-2001 90291 046 ***150.00

DOCUMENT # P00000029456

1. Entity Name

MID-LIFE VENTURES, INC.

Principal Place of Business

**640 LUISA LANE #2
 NAPLES FL 34104**

Mailing Address

**640 LUISA LANE #2
 NAPLES FL 34104**

2. Principal Place of Business

2354 IMMOKALEE RD.

Suite, Apt. #, etc.

ALAP

3. Mailing Address

2354 IMMOKALEE RD.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

Zip

34110

Country

Collier

Zip

34110

Country

Collier

4. FEI Number

59-3635257

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, ROBERT F
 2918 BUSCH LAKE BLVD.
 TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

Jane E. Lamberson

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

Snape, Lamberson, Guilkey & O'Connor

4501 Tamiami Trail North, Suite 204

City

Naples

FL

Zip Code

34103

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 **Jane E. Lamberson** **JANE E. LAMBERSON** **4/26/01**

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. ☐

**FILE NOW!!! FEE IS \$150.00,
 After MAY 1, 2001 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	D	<input type="checkbox"/> Delete
NAME	BLANK, DIANE	
STREET ADDRESS	640 LUISA LANE #2	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANK, SPENCER	
STREET ADDRESS	640 LUISA LANE #2	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2354 IMMOKALEE RD.	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2354 IMMOKALEE RD	
CITY-ST-ZIP	NAPLES, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Diane M. Blank**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

941-597-1718

Daytime Phone #

CR2E034 (10/00)