

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 09, 2001 8:00 am
Secretary of State

07-05-2001 90002 019 ***550.00

04/7393

DOCUMENT # P00000046128

1. Entity Name

MIDNIGHT D'LIGHT, INC.

Principal Place of Business

1420 S. 1ST ST
 LAKE CITY FL 32025-5750

Mailing Address

1420 S. 1ST ST
 LAKE CITY FL 32025-5750

2. Principal Place of Business

1430 S First Street, Ste. 4

Suite, Apt. #, etc.

Suite 4

City & State

Lake City, FL

Zip

32025

Country

USA

3. Mailing Address

1430 S First Street, Ste 4

Suite, Apt. #, etc.

Suite 4

City & State

Lake City, FL

Zip

32025

Country

USA

4. FEI Number

59-3642984

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ODOM, JAMES L

1420 S. 1ST ST

LAKE CITY FL 32025-5750

7. Name and Address of New Registered Agent

Name

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

1430 South First Street

Suite 4

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

James L. Odom

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President, Director

Odom, J.L.

1430 S First Street, Suite 4

Lake City, FL 32025

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President, Director

Odom, J.L.

1430 S First Street, Suite 4

Lake City, FL 32025

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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:

James L. Odom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)