

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90186 019 ***150.00

0390294 AV

DOCUMENT # P00000102933

1. Entity Name
MIDNIGHT RIGGING, INC.



Principal Place of Business
**614 NE 20TH ST
UNIT A
FORT LAUDERDALE FL 33305**

Mailing Address
**614 NE 20TH ST
UNIT A
FORT LAUDERDALE FL 33305**



2. Principal Place of Business

3. Mailing Address

2625 N Andrews Ave

2625 N Andrews Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

206

City & State

City & State

W. H. Mavors, FL

W. H. Mavors, FL

Zip

Country

Zip

Country

33311

Broward

33311

Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1053439**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **DAY, JOHN P**
STREET ADDRESS **614 NE 20TH ST UNIT A**
CITY-ST-ZIP **FORT LAUDERDALE FL 33305**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/14/03 **(954) 655-0838**
Date Daytime Phone #

CR2E034 (10/02)

Attachment

90135822
P00000102933

To: whom it may concern

Please excuse the lateness of

this report, I recently moved

and made a mistake in the

filing date believing it to be

the 15th of May, as taxes are all

usually due on by the 15th of the

month

Sincerely

John Day

President
Midnight Registry