FILED

## 2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** 

## Apr 11, 2002 8:00 am Secretary of State P01000086409 DOCUMENT # 1. Entity Name 04-11-2002 90015 014 \*\*\*150.00 MIDWEST AUTO SALES, INC. Principal Place of Business Mailing Address 2050 33RD AVE N 2050 33RD AVE N ST PETERSBURG FL 33713 ST PETERSBURG FL 33713 2. Principal Place of Business 4015 7 Th To 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3143388 City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent - ...7. Name and Address of New Registered Agent WATERMAN, JAMES H Street Address (P.O. Box Number is Not Acceptable) 2050 33RD AVE N ST PETERSBURG FL 33713 Zip Code City Fl 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE DPS ☐ Change Addition CR2E034 (9/01 TITLE NAME WATERMAN, JAMES H NAME 2050 33RD AVE N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33713 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete-TITLE ☐ Change ☐ Addition NAME 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