

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90035 037 \*\*\*150.00

DOCUMENT # **P02 000113429**

1. Entity Name

**MIDERA SOLUTIONS INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2328 MIDTOWN TERRACE**

Suite, Apt. #, etc.

**1014**

City & State

**ORLANDO FL**

Zip

**32839**

Country

**USA**

3. Mailing Address

**2328 MIDTOWN TERRACE**

Suite, Apt. #, etc.

**1014**

City & State

**ORLANDO FL**

Zip

**32839**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**MICHAEL HERRON**

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

**2328-MIDTOWN TERRACE STE. 1014**

City

**ORLANDO**

**FL**

Zip Code

**32839**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	MICHAEL HERRON	2328 MIDTOWN TERR. STE. 1014	ORLANDO FL. 32839
VICE PRESIDENT	DAVID FUNK	2328 MIDTOWN TERR. STE. 1014	ORLANDO FL. 32839
SECRETARY	THOMAS GRAY	2328 MIDTOWN TERRACE STE. 1014	ORLANDO FL. 32839
TREASURER	DAVID FUNK	2328 MIDTOWN TERRACE. STE 1014	ORLANDO FL. 32839

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**THOMAS GRAY SECRETARY**

**2/25/03**

**(407) 240-9535**

Date

Daytime Phone #

CR2E034B (12/02)