## 2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

## FILED **DOCUMENT # P25432** May 02, 2000 8:00 am 1. Entity Name **Secretary of State** MIDLAND CONSULTANTS, INCORPORATED 05-02-2000 90141 006 \*\*\*150.00 Principal Place of Business Mailing Address 2931 - E VILLA DEL MAR 2931 E. VINA DEL MAR ST. PETERSBURG BEACH FL 33706 ST PETERSBURG FL 33706 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 42-1275249 Not Applicable Zip Country Zip Country \_ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOULIHAN, DEAN V. Street Address (P.O. Box Number is Not Acceptable) 2931 E. VINA DEL MAR ST. PETERSBURG BEACH FL 33706 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Change TITLE TITLE ☐ Delete HOULIHAN, DEAN V. NAME STREET ADDRESS STREET ADDRESS 2931 E. VINA DEL MAR CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG BEACH Change ☐ Addition ☐ Delete TITLE TITLE HOULIHAN, LORRAINE NAME NAME STREET ADDRESS STREET ADDRESS 2931 E. VINA DEL MAR CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG BEACH. ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eceiver or flrustee 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 there like empowered.