

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90761 036 ***150.00

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DOCUMENT # P28521

1. Entity Name
MID-CONTINENT PLANTATION, INC.



Principal Place of Business
**5835 MEMORIAL HIGHWAY
SUITE #18
TAMPA FL 33615
US**

Mailing Address
**P.O. BOX 261825
TAMPA FL 33685
US**



2. Principal Place of Business
8458 Flagstone Drive

3. Mailing Address

Suite, Apt. #, etc.

(NO CHANGE)

☒ CHECK HERE IF MAKING CHANGES

City & State
Tampa FL

City & State

4. FEI Number **62-1093403**

Applied For
Not Applicable

Zip
33615

Country
USA

Zip

Country

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

**BAGEARD, LYNNE K
8458 FLAGSTONE DR
TAMPA FL 33615**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PD** ☐ Delete
NAME **KREIS, KLAUS**
STREET ADDRESS **5835 MEMORIAL HIGHWAY, SUITE #18**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Change ☐ Addition
NAME **P.O. Box 261825**
STREET ADDRESS **Tampa FL 33685**
CITY-ST-ZIP

TITLE **VST** ☐ Delete
NAME **BAGEARD, LYNNE K.**
STREET ADDRESS **8458 FLAGSTONE DR**
CITY-ST-ZIP **TAMPA FL 33615**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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: **V. BAGEARD, V. PRES**

4/10/03

813-882-9533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)