

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30572

1. Entity Name

MID-LANDS CHEMICAL CO., INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90006 040 ***150.00

Principal Place of Business

Mailing Address

6929 N 16 ST.
OMAHA NE 68112-3456
US

6929 N. 16 ST.
OMAHA NE 68112-3456
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0559498

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

PERRY & SCHONE, P.A.
50 S.E. FOURTH AVENUE
DELRAY BEACH FL 33483

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.

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME DEGOLER, LINDA L
STREET ADDRESS 6920 CROWN GATE DR
CITY-ST-ZIP MIAMI LAKES FL ☐ Delete

TITLE PSD
NAME LINDA L. Degoler
STREET ADDRESS 3140 NE 165 STREET
CITY-ST-ZIP N. MIAMI BEACH, FL 33160 ☒ Change ☐ Addition

TITLE VTD
NAME DEGOLER, WARREN H.
STREET ADDRESS 6920 CROWN GATE DR
CITY-ST-ZIP MIAMI LAKES FL ☐ Delete

TITLE VTD
NAME WARREN H. DEGOLER
STREET ADDRESS 3140 NE 165 STREET
CITY-ST-ZIP N. MIAMI BEACH, FL 33160 ☒ Change ☐ Addition

TITLE D
NAME DEGOLER, BROOKE L.
STREET ADDRESS 3895 CORSAIR ST #E
CITY-ST-ZIP RENO NV 89502 ☐ Delete

TITLE D
NAME BROOKE L. SMITH
STREET ADDRESS 140 YELLOW PINE CIRCLE
CITY-ST-ZIP RENO, NV 89502 ☒ Change ☐ Addition

TITLE D
NAME DEGOLER, SCOTT H.
STREET ADDRESS 6928 CROWN GATE DR
CITY-ST-ZIP MIAMI LAKES FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-00 402-455-9975

CR2E034 (9/99)