

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90106 049 ***150.00

DOCUMENT # P30572

1. Entity Name
MID-LANDS CHEMICAL CO., INC.

Principal Place of Business

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

Mailing Address

**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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PSD
 DEGOLER, LINDA L
 3140 NE 165 STREET
 N MIAMI BEACH FL 33160** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DEGOLER, LINDA L
 1940 8TH STREET, SOUTH
 NAPLES, FL 34102** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VTD
 DEGOLER, WARREN H.
 3140 NE 165 STREET
 N MIAMI BCH FL 33160** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DEGOLER, WARREN H.
 1940 8TH STREET, SOUTH
 NAPLES, FL 34102** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 SMITH, BROOKE L
 140 YELLOW PINE CIRCLE
 RENO NV 89502** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
RENO NV 89511 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 DEGOLER, SCOTT H.
 6928 CROWN GATE DR
 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:

Linda L. DeGoler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda L. DeGoler

Date

Daytime Phone #

1-30-02

CR2E034 (9/01)