2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9300000157 1. Entity Name MIDA GROUP, INC.					FILED Feb 01, 2000 8:00 am			
					Se	ecretary 2-01-2000 90139	of Sta	te
Principal Plac	e of Business	Mailing Address				2 01 2000 70137	150.0	
10103 9TH STREET NORTH SUITE A ST PETERSBURG FL 33716		10103 9TH STREET NORTH SUITE A ST. PETERSBURG FL 33716-3807						
2. Principal Place of Business		US 3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		# 10011100 F 113	DO NOT WRITE IN	THIS SPACE	0111 1 1061 1001	
- City & State		City & State		erinde el de	4. FEI Number	59-3158099		Applied For
Zip	Country	Zip _	Country		5. Certificate of		¬ \$8.75 A	
	6. Name and Address of Current R	egistered Agent				ddress of New Regist	Fee Hequir	red
o, realite and Address of Content Registered Agent			Name	JUE		STEFANI	·	
VAN BUTSEL, MICHAEL R 1515 JUNGLE AVENUE					P.O. Box Number i	s Not Acceptable)		
ST. PETERSBURG FL 33710			•		<u>., </u>			
			City	LA	R60		FL Zin Co	777
8. The above	named entity submits this statement for	he purpose of changing its re	egistered office or	register	ed agent, or both,	in the State of Florida.	•	v
SIGNATURE .	July K. Alefanie	L JUDY K. d title if applicable. (NOTE:	STEFANI	CK,	U.P.	/-	14-00 DATE	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.		FEE IS \$150.0 0 Fee will be \$5	00 550.00	10. Elect	ion Campaign Financii Fund Contribution.	+	00 May Be ed to Fees
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CI	HANGES TO OFFICER	S AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARGER, JOANN E. 502 APPIAN WAY NE ST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	V VAN BUTSEL, MICHAEL R =1520 JUNGLE: AVENUE— ST PETERSBURG FL 33710	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1404	ANICK, 4-CORDO RGO, FL	JUDY K. VA:GREEN 33777	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GORNIK, KAREN R. 4078 AUSTON WAY PALM HARBOR 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
indicated of the cor	Certify that the information supplied with t I on this report orlsupplemental report is t rporation or the receiver or trustee empoy , or on an attachment with an address, wi	rue and accurate and that my vered to execute this report a	/ signature shall b	ave the :	same legal effect a	as if made under oath:	that I am an offici	er or airector

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00 727-578-0808

Date Daytime Phone #