

2001 UNIFORM BUSINESS REPORT (UBR)

0524889

DOCUMENT # P93000000157

1. Entity Name
MIDA GROUP, INC.

FILED

01 MAY 11 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
10103 9TH STREET NORTH
SUITE A
ST PETERSBURG FL 33716
US

Mailing Address
10103 9TH STREET NORTH
SUITE A
ST. PETERSBURG FL 33716
US

2. Principal Place of Business
4200 4th Street North
Suite, Apt. #, etc.
Suite D

3. Mailing Address
P.O. Box 7697
Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33703

Country
Pinellas

Zip
33734

Country
Pinellas

4. FEI Number 59-3158099

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEFANICK, JUDY K
1404 CORDOVA GREEN
LARGO FL 33777

7. Name and Address of New Registered Agent

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 _____ (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! After MAY 1, 2001 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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARGER, JOANN E.		NAME	MICHAEL E. BARGER	
STREET ADDRESS	502 APPIAN WAY NE		STREET ADDRESS	170 Brightwaters Blvd. N. E.	
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	St. Petersburg, FL 33704	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORNIK, KAREN R.		NAME		
STREET ADDRESS	4078 AUSTON WAY		STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEFANICK, JUDY K		NAME		
STREET ADDRESS	1404 CORDOVA GREENS		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33777		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 is 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

4-13-01 (727) 520-7711

Date Daytime Phone #

CR2E034 (10/00)