

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93600023428

1. Entity Name

Midnight Adventrs Inc

2

FILED

Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90019 030 ***150.00

Principal Place of Business

Mailing Address

Florida

2820 CLEVELAND, ST
Hollywood FL
33020

2. Principal Place of Business

Midnight Adventrs Inc

3. Mailing Address

Midnight Adventrs Inc

Suite, Apt. #, etc.

2820 Cleveland St

Suite, Apt. #, etc.

2820 Cleveland St

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. FEI Number

58-2054125

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

Name

John T Hagood

Street Address (P.O. Box Number is Not Acceptable)

2820 Cleveland St

City

Hollywood

FL

Zip Code

33020

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 not acceptable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/2000

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 ☐ Delete

* PRESIDENT
John T Hagood
2820 Cleveland St
Hollywood FL 33020

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

SECRETARY
John S Hagood
10242 NE Fieldcrest Dr
Orlando NE 32814

TITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

NAME

TITLE ☐ Change ☐ Addition

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Delete

NAME

TITLE ☐ Change ☐ Addition

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 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:

John T Hagood PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/12/2000

Daytime Phone #

1-305-904-6301

CR2E034 (9/99)

Dear,
Divison of Corps

Attachment
P93400023428
A0078884

I Did not Receve My Origanal
Report, And I Just Receved A
Blank one. By calling and I
was tolled to wright you a Note
Leting you know this Happend

Thank you,

John T Hagood
PRESIDENT

