

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P93000023428**1. Entity Name  
**MIDNIGHT ADVENTURES, INC.**

## Principal Place of Business

**2820 CLEVELAND STREET  
HOLLYWOOD FL 33020  
US**

## Mailing Address

**2820 CLEVELAND STREET  
HOLLYWOOD FL 33020  
US****FILED**  
**Aug 08, 2001 8:00 am**  
**Secretary of State**

08-08-2001 90094 001 \*\*\*150.00

08-08-2001 90094 002 \*\*\*150.00

0022647 AV

11211



DO NOT WRITE IN THIS SPACE

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 <b>58-2054125</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

## 6. Name and Address of Current Registered Agent

**HAGOOD, JOHN T  
104-A BRUCE CT  
APT. A  
MARATHON FL 33050**

## 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 \_\_\_\_\_  
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. ☐ **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>PD HAGOOD, JOHN T P.O. BOX 1322 ISLAMORADA FL 33036</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD HAGOOD, JOHN S 1302 S. 101 ST. OMAHA NE 68124</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **John T Hagood** **8/1/01** **1-305-904-6301**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment  
#P93000023428

77211

Dear, Division of CORPORATIONS

I Did not Receive the  
original UNIFORM BUSINESS  
Report and I called for  
A Blank one to Be sent  
and Did not Receive it Either  
But I Did get the 60 DAY  
Notice And I am sending it  
to you with the REQUIRED  
150.00 If you Have ~~any~~ to  
charge me the 400.00 late fee  
~~the~~ give me a call at  
1-305-904-6301 Thank you

John T. Hugood