

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90077 046 ***150.00

DOCUMENT # **P94000003623**

1. Entity Name
A MID-FLORIDA DRIVER IMPROVEMENT SCHOOL, INC.

Principal Place of Business 11407 SE HWY 301 BELLEVIEW FL 34420 US	Mailing Address P O BOX 3098 BELLEVIEW FL 34421 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6328 SE Cedar Rd Suite, Apt. #, etc.	3. Mailing Address 6328 SE Cedar Rd Suite, Apt. #, etc.
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City & State Belleview, FL	City & State Belleview, FL
Zip 34420	Zip 34420
Country USA	Country USA

4. FEI Number 65-0459314	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RASNICK, KATHERINE R 13485 S E 32ND COURT BELLEVIEW FL 34420	
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7. Name and Address of New Registered Agent Name Roger L. Swoap Street Address (P.O. Box Number is Not Acceptable) 6328 SE Cedar Road City Belleview FL Zip Code 34420	
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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 Roger L. Swoap DATE 01-07-02 <small>(Signature, typed or printed name of registered agent and not applicable. (NOTE) Registered Agent signature required when reinstating)</small>	
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete P RASNICK, KATHERINE R 13485 S E 32ND COURT BELLEVIEW FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Roger L Swoap 6328 SE Cedar Road Belleview, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S David Rasnack 6328 SE Cedar Road Belleview, FL 34420
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"/> Change <input type="checkbox"/> Addition
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"/> 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:	01-07-02 Date	(352) 245-6699 Daytime Phone #
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CR2E034 (9/01)