

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90875 026 ***550.00

DOCUMENT # P94000029998

1. Entity Name
MIDULLA-DEROSE PROPERTIES, INC.

Principal Place of Business Mailing Address
513 SOUTH FLORIDA AVENUE **8206 PROVIDENCE RD**
TAMPA FL 33602 **SUITE 1200-384**
US **CHARLOTTE NC 28277-9708**
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2611 Bayshore Blvd **8206-1200 Providence Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#1607 **#384**
 City & State City & State
TAMPA, FL 33602 **Charlotte, NC**
 Zip Country Zip Country
33602 **USA** **28277** **USA**

4. FEI Number Applied For
59-1633902 Not Applicable

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

6. Name and Address of Current Registered Agent
HODGES, GEOFFREY T
400 NORTH TAMPA STREET
SUITE 32630
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
601 S. HARBOUR ISLAND BLVD. Ste. 200
 City State Zip Code
TAMPA **FL** **33602**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MIDULLA, WILLIAM 5107 JULES VERNE CT TAMPA FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURGIO, JOSEPH JR 727 DAKOTA TRAIL FRANKLIN LAKES NJ 07417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CHRISTENSEN, GERALDINE 14210 INDIAN WELLS DR HOUSTON TX 77069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURGIO, DIANE 727 DAKOTA TRAIL FRANKLIN LAKES NJ 07417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DILORENZO, ERNESTINE 2756 ELGINFIELD ROAD COLUMBUS OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input type="checkbox"/> Delete MIDULLA, JOSEPH D JR. 8206 PROVIDENCE RD SUITE 1200-384 CHARLOTTE NC

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8206-1200 Providence Rd. #384 Charlotte, NC 28277

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 this report, with all changes indicated below.

SIGNATURE: *Joseph D. Midulla, Jr.* Date: **5/9/00** Daytime Phone #: **704 968-6702**

CR2E034 (9/99)