

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90087 007 ***158.75

DOCUMENT # P94000029998

1. Entity Name
MIDULLA-DEROSE PROPERTIES, INC.

Principal Place of Business

~~3611 BAYSHORE BLVD.~~
#1607
TAMPA FL 33602
US

Mailing Address

8206 PROVIDENCE RD
SUITE 1200-384
CHARLOTTE NC 28277
US

2. Principal Place of Business

8206-1200 Providence Rd.

3. Mailing Address

8206-1200 Providence Rd.

Suite, Apt. #, etc.

384

Suite, Apt. #, etc.

384

City & State

CHARLOTTE, NC

City & State

CHARLOTTE, NC

Zip

28277

Country

USA

Zip

28277

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1633902

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HODGES, GEOFFREY T
601 S. HARBOUR ISLAND BLVD
STE 200
TAMPA FL 33602

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.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MIDULLA, WILLIAM**
 CITY-ST-ZIP **5107 JULES VERNE CT**
TAMPA FL 33611

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MURGIO, JOSEPH JR**
 CITY-ST-ZIP **727 DAKOTA TRAIL**
FRANKLIN LAKES NJ 07417

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHRISTENSEN, GERALDINE**
 CITY-ST-ZIP **14210 INDIAN WELLS DR**
HOUSTON TX 77069

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MURGIO, DIANE**
 CITY-ST-ZIP **727 DAKOTA TRAIL**
FRANKLIN LAKES NJ 07417

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DIORENZO, ERNESTINE**
 CITY-ST-ZIP **2756 ELGINFIELD ROAD**
COLUMBUS OH 43220

TITLE ☐ Delete
 NAME **MD**
 STREET ADDRESS **MIDULLA, JOSEPH D JR.**
 CITY-ST-ZIP **8206 PROVIDENCE RD SUITE 1200-384**
CHARLOTTE NC 28277

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **MD**
 STREET ADDRESS **MIDULLA, JOSEPH D JR.**
 CITY-ST-ZIP **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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01 704 968-6702

CR2E034 (10/00)