

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000022977

1. Entity Name

MIDDLE D INC.

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

02-17-2000 90005 030 ***150.00

Principal Place of Business

2071 N. DIXIE HWY.
POMPANO BCH. FL 33060

Mailing Address

2071 N. DIXIE HWY.
POMPANO BCH. FL 33060-4957

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

51 Hypoluxo Road

Suite, Apt. #, etc.

City & State

Hypoluxo, Florida

Zip

33462

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0571268

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

FISCHLER, MICHAEL A
116 S.E. 6TH COURT
FORT LAUDERDALE FL 33301

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, 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	<input checked="" type="checkbox"/> Delete
PTD	WARD, DWANE M	2071 N. DIXIE HWY.	POMPANO BCH. FL 33060	<input checked="" type="checkbox"/>
VPSD	HALLIBURTON, RONALD	2071 N. DIXIE HWY.	POMPANO BCH. FL 33060	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
PTD	WARD, M. DWANE	51 Hypoluxo Road	Hypoluxo, FL. 33462	<input checked="" type="checkbox"/>
VPSD	HALLIBURTON, RONALD	51 Hypoluxo Road	Hypoluxo, FL. 33462	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 #

M. DWANE WARD 1/20/00

561-588-5200

CR2E034 (9/99)