

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000044458

1. Entity Name

MIDLAND INSURANCE SERVICES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90067 026 ***150.00

Principal Place of Business

Mailing Address

33 NORTH GARDEN AVENUE
 SUITE 1200
 CLEARWATER FL 33755
 US

33 NORTH GARDEN AVENUE
 SUITE 1200
 CLEARWATER FL 33755-6610
 US

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 **59-3395067**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLOECKI, KEITH J
 33 NORTH GARDEN AVENUE
 SUITE 1200
 CLEARWATER FL 33755

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	BANKS, ROBERT J
STREET ADDRESS	33 NORTH GARDEN AVENUE, SUITE 1200
CITY-ST-ZIP	CLEARWATER FL 33755
TITLE	D <input type="checkbox"/> Delete
NAME	GLOECKI, KEITH J
STREET ADDRESS	33 NORTH GARDEN AVENUE, SUITE 1200
CITY-ST-ZIP	CLEARWATER FL 33755
TITLE	D <input type="checkbox"/> Delete
NAME	MATHIS, RAY F
STREET ADDRESS	33 NORTH GARDEN AVENUE, SUITE 1200
CITY-ST-ZIP	CLEARWATER FL 33755
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

02/10/00
 Date

727-461-4801
 Daytime Phone #

CR2E034 (9/99)