

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am**
Secretary of State

02-28-2001 90079 023 ***150.00

DOCUMENT # P95000080846**1. Entity Name**
MIDWEST EXCHANGE COMPANY, INC.**Principal Place of Business**
3936 TAMiami TRAIL NORTH #B
NAPLES FL 34103**Mailing Address**
3936 TAMiami TRAIL NORTH #B
NAPLES FL 34103**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0636618**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****VOGEL, JAMES D**
3936 N TAMiami TRAIL
STE B
NAPLES FL 34103**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	VOGEL, RICHARD M	3936 TAMiami TRAIL NORTH #B	NAPLES FL	<input type="checkbox"/>
PD	VOGEL, JAMES D	3936 TAMiami TRAIL NORTH #B	NAPLES FL	<input type="checkbox"/>
DVS	COLEMAN, PAULA R	3936 TAMiami TRAIL NORTH #A	NAPLES FL	<input checked="" type="checkbox"/>
V	HUFF, BETTY A	3936 TAMiami TRAIL N STE B	NAPLES FL 34103	<input type="checkbox"/>
V	WOHLBRANDT, CHRIS	3936 TAMiami TR N STE B	NAPLES FL 34103	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Secretary
Betty A. Huff
3936 N. Tamiami Trail, Naples
*34103***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 #

CR2E034 (10/00)