2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000080846

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

MIDWEST EXCHANGE COMPANY, INC.

Principal	Place	of	Business

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc

☐ Delete

☐ Delete

Delete

☐ Delete

☐ Delete

☐ Delete

Country

Name

City

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

3936 TAMIAMI TRAIL NORTH #B NAPLES FL 34103

2. Principal Place of Business

VOGEL, JAMES D 3936 N TAMIAMI TRAIL

NAPLES FL 34103

(See criteria on back)

9. This corporation is eligible to satisfy its Intangible

VOGEL, RICHARD M

VOGEL, JAMES D

COLEMAN, PAULA R

NAPLES FL

NAPLES FL

NAPLES FL

HUFF, BETTY A

NAPLES FL 34103

NAPLES FL 34103

WOHLBRANDT, CHRIS

3936 TAMIAMI TR N STE B

PD

3936 TAMIAMI TRAIL NORTH #B

3936 TAMIAMI TRAIL NORTH #B

3936 TAMIAMI TRAIL NORTH #A

3936 TAMIAMI TRAIL N STE B

Tax filing requirement and elects to do so.

Suite, Apt. #, etc.

STE B

SIGNATURE

11.

TITI F

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

NAME

CITY-ST-ZIP

CITY-ST-ZIP

City & State

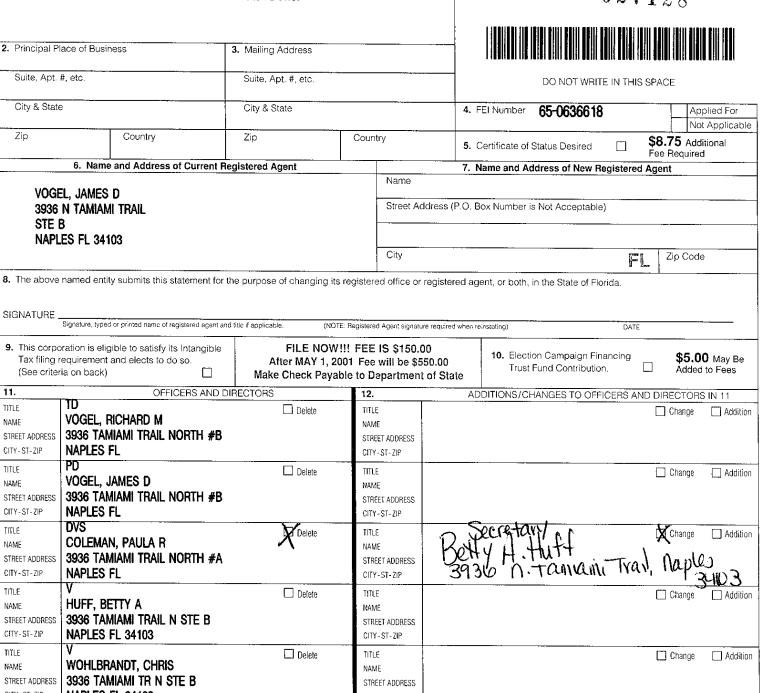
Zip

3936 TAMIAMI TRAIL NORTH #B NAPLES FL 34103

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90079 023 ***150.00

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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 of 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 attachmen

SIGNATURE:

ER OR DIRECTOR

Addition