

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90367 002 \*\*\*150.00

**DOCUMENT # P96000020416**

1. Entity Name  
**MIDWEST/ATLANTIC CORP.**

Principal Place of Business <b>1802 POWELL PLACE                  JACKSONVILLE FL 32205</b>	Mailing Address <b>1802 POWELL PLACE                  JACKSONVILLE FL 32205</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3385323</b>	Applied For
Sube. Apt. #, etc.		Sube. Apt. #, etc.			No: Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>ALLEN, BRINTON &amp; SIMMONS PA                  ONE INDEPENDENT DRIVE STE 3200                  JACKSONVILLE FL 32202</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number's Not Acceptable)		
			City		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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PTS KEEFE, RODNEY 1802 POWELL PLACE JACKSONVILLE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Rodney L. Keefe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Rodney L. Keefe, Pres.**

Date: **4-23-01** **630-5348**  
Date: (Optional) Phone #

001110

CR2E034 (10/00)