

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031512

1. Entity Name

MID-FLORIDA ENVIRONMENTAL, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90104 004 ***150.00

Principal Place of Business

1655 E. SEMORAN BLVD
19
APOPKA FL 32703-5634
US

Mailing Address

1655 E. SEMORAN BLVD
19
APOPKA FL 32768-0241
US

2. Principal Place of Business

2146 LAKE MARION DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 241

Suite, Apt. #, etc.

City & State

APOPKA FL

City & State

PLYMOUTH FL

4. FEI Number

59-3384565

Applied For

Not Applicable

Zip

Country

32712

ORANGE

Zip

Country

32768-0241

ORANGE

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

HILLMAN, RANDY
203 HILLCREST ST
ORLANDO FL 32801

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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPST
RHODES, BILL
1655 E. SEMORAN BLVD #19
APOPKA FL 32703

☐ Delete

TITLE
NAME
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CITY - ST - ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00 407-885-3200

CR2E034 (9/99)