

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043373

1. Entity Name
MIDDLE EAR ENTERPRISES, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90090 034 ***150.00

Principal Place of Business

Mailing Address

673A S ORLANDO AVE
COCOA BEACH FL 32931

673A S ORLANDO AVE
COCOA BEACH FL 32931-2527

2. Principal Place of Business

14023 CITRUS POINTE DR

3. Mailing Address

14023 CITRUS POINTE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA, FLORIDA

Zip

33625

Country

HILLSBOROUGH

Zip

33625

Country

HILLSBOROUGH

4. FEI Number

59-3380380

Applied For

Not Applicable

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

KARVIAN, PETER A

673A S ORLANDO AVE

COCOA BEACH FL 32931

Name PETER A. KARVIAN

Street Address (P.O. Box Number is Not Acceptable)

14023 CITRUS POINTE DR.

City

TAMPA

FL

Zip Code

33625

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	KARVIAN, PETER A	
STREET ADDRESS	673A S ORLANDO AVE	
CITY-ST-ZIP	COCOA BEACH FL 32931	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14023 CITRUS POINTE DR.	
CITY-ST-ZIP	TAMPA FL 33625	
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		
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

4-1-00 813) 926-9294

Date

Daytime Phone #

CR2E034 (9/99)

4-1-00

Attachment
#003447
#P96000043373

PLEASE TAKE NOTE
CHANGE OF ADDRESS

Peter A. Karajian
14023 Citrus Pointe Drive
Tampa, FL 33625

NEW ADDRESS
PHONE # 813) 926-9294
ENCLOSED CHECK #150.00
CHECK # 3342