

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087627

1. Entity Name  
Mid-Florida Set Up and Service, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 1610 East Vine Street  
3. Mailing Address 1610 East Vine Street

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State Kissimmee, FL  
City & State Kissimmee, FL

Zip 34741 Country USA  
Zip 34741 Country USA

4. FEI Number 59-3407347  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

Harry J. Swart  
717 East Oak Street  
Kissimmee, FL 34744

## 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 \_\_\_\_\_ (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

TITLE P, S, D  
NAME Mark D. Taliento  
STREET ADDRESS 3212 Great Oaks Drive  
CITY-ST-ZIP Kissimmee, FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

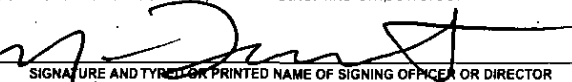
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CITY-ST-ZIP

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:  4-28-00 407 344-4128  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90099 001 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)