

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048447

1. Entity Name
MIDAMERICA IPA, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90447 019 ***150.00

Principal Place of Business
10806 US 19
SUITE 102
PORT RICHEY FL 34668

Mailing Address
10806 US 19
SUITE 102
PORT RICHEY FL 34668

817583



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 62-1721281

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KHAN, MAIDERA
10806 US 19
SUITE 102
PORT RICHEY FL 34668

Name John Woods
Street Address (P.O. Box Number is Not Acceptable)
5121 Rolling Fairway Dr.
City Valrico FL Zip Code 33594

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 Typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/01
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, 2001 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	VP	<input type="checkbox"/> Delete
NAME	WOODS, JOHN L	
STREET ADDRESS	10806 US 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODS, CHERYL Y	
STREET ADDRESS	10806 US 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KHAN, HAIDER A	
STREET ADDRESS	10806 US 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	KHAN, SABINA	
STREET ADDRESS	10806 US 19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	P	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres, VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secy Treas, D	<input checked="" 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 checked="" 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

Pres. 1/5/01
Date

727 868 8313
Daytime Phone #

CR2E034 (10/00)