

2000 UNIFORM BUSINESS REPORT (UBR)

4/5 100 00076 039 000 0150 00

DOCUMENT # P97000089089

1. Entity Name

MIDWESTERN POWER LINE OF FLORIDA, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

04-05-2000 90076 039 ***150.00

Principal Place of Business

Mailing Address

8040 MAINLINE PARKWAY
UNIT 13 A
FT. MYERS FL 33912
US

P.O. BOX 100 160
DEWEY OK 74029-0130
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

73-1527955

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

SMITH, RICHARD
6839 S.E. 75TH AVE.
NEWBERRY FL 32669

Name

James R. Moore

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

7301 Samville Rd.

City

N. Fort Meyers

FL

Zip Code 33917

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	P	<input checked="" type="checkbox"/> Delete
NAME	GOODIN, JIMMIE A.	
STREET ADDRESS	393230 WEST 2300 ROAD	
CITY-ST-ZIP	BARTLESVILLE OK 74003	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRUEGGER, STEVE	
STREET ADDRESS	7150 KAW DRIVE	
CITY-ST-ZIP	KANSAS CITY KS 66111	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, JAMES R.	
STREET ADDRESS	ROUTE 1, BOX 480J N/A	
CITY-ST-ZIP	DEWEY OK 74029	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, RICHARD	
STREET ADDRESS	6839 S.E. 75TH AVE.	
CITY-ST-ZIP	NEWBERRY FL 32669	
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"/> 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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7301 Samville Rd.	
CITY-ST-ZIP	N. Fort Meyers, FL 33917	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Moore	
STREET ADDRESS	P.O. Box 100	
CITY-ST-ZIP	DEWEY, OK 74029	
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)(l), 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

3/27/2000 941-731-7550

Date

Daytime Phone #

CR2E034 (9/99)