

# 2001 UNIFORM BUSINESS REPORT (UBR)

0601337

DOCUMENT # P97000089089

1. Entity Name

MIDWESTERN POWER LINE OF FLORIDA, INC.

APPROVED  
AND  
FILED

01 JUN 22 AM 8:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

P.O. BOX 130  
DEWEY OK 74029  
US

2. Principal Place of Business

7301 Samville Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10098

Suite, Apt. #, etc.

City & State

N. Ft. Myers, FL

Zip

33917

Country

USA

City & State

Olathe, Ks.

Zip

66051

Country

USA

4. FEI Number

73-1527955

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
James R. Moore

Street Address (P.O. Box Number is Not Acceptable)  
7301 Samville Rd.

City  
N. Ft. Myers

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

*James Moore* James Moore President

6/20/01

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, 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

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 460J N/A	
CITY-ST-ZIP	DEWEY OK 74029	
TITLE	D	<input 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600004449456--9	
STREET ADDRESS	-06/28/01--01028--033	
CITY-ST-ZIP	*****8.75 *****8.75	
TITLE	600004449456--9	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	-06/28/01--01028--034	
STREET ADDRESS	****550.00 ****550.00	
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moore, James R.	
STREET ADDRESS	7301 Samville Rd.	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec/Tres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Moore	
STREET ADDRESS	P.O. Box 160	
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)(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:

*Steve Bruegger* Steve Bruegger U.P. 6/20/01 (915) 254-7772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)