

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000065150

1. Entity Name

MID FLORIDA SERVICES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90178 045 ***150.00

Principal Place of Business

Mailing Address

2532 WATERVIEW PLACE
WINDERMERE FL 34786

2532 WATERVIEW PLACE
WINDERMERE FL 34786-8330

2. Principal Place of Business

3. Mailing Address

630 EMERALDA DR

P.O. Box 878

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

GOMA, FL.

Zip

32808

Country

USA

Zip

34734

Country

USA

4. FEI Number

☒ 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

OLEYAR, RICHARD W
2532 WATERVIEW PLACE
WINDERMERE FL 34786

Name RICHARD OLEYAR

Street Address (P.O. Box Numbers Not Acceptable)
630 EMERALDA Drive

City ORLANDO

FL

Zip Code 32808

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

Richard W Oleyar

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/00

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 ☐ Delete
NAME OLEYAR, RICHARD W
STREET ADDRESS 2532 WATERVIEW PLACE
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☒ Change ☐ Addition
NAME RICHARD OLEYAR
STREET ADDRESS 630 EMERALDA Drive
CITY-ST-ZIP ORLANDO, FL. 32808 Address

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Richard W Oleyar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/00 (407) 293-8152
Date Daytime Phone #

CR2E034 (9/99)