

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90083 045 \*\*\*150.00

DOCUMENT # P99000075951

1. Entity Name  
**MID-LIFE CRISIS, INC.**

Principal Place of Business  
**1403 MEDICAL PLAZA DR., STE. 100  
 SANFORD FL 32771**

Mailing Address  
**1403 MEDICAL PLAZA DR., STE. 100  
 SANFORD FL 32771-1085**

2. Principal Place of Business  
**330 LAKE RD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**330 LAKE RD**  
 Suite, Apt. #, etc.

City & State  
**LAKE MARY, FL**

City & State  
**LAKE MARY FL**

Zip Country  
**32746 USA**

Zip Country  
**32746 USA**

4. FEI Number  
**PENDING** ☒ Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**DICKS, J.W. ESQ.  
 520 CROWN OAK CENTRE DR.  
 LONGWOOD FL 32750**

## 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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<del>CEO</del>	<b>MICHAEL E. BRANCH</b>	<b>330 LAKE ROAD</b>	<b>LAKE MARY, FL 32746</b>		
	<b>MYLE J. HENDERSON</b>	<b>96 Hickory Tree Road</b>	<b>Longwood, FL 32750</b>		

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:

**Michael E. Branch, CEO**

**3/7/2000 407-3021239**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)