## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND

## FILED DOCUMENT # **P99000084436** May 12, 2000 8:00 am Secretary of State MIDWEST CONTRACTORS, INC. 05-12-2000 90040 021 \*\*\*158.75 Mailing Address Principal Place of Business 1860 OLD OKEECHOBEE RD., STE. 508 1860 OLD OKEECHOBEE RD., STE. 508 W. PALM BEACH FL 33409-5242 W. PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LANG, MICHAEL R Street Address (P.O. Box Number is Not Acceptable) 1860 OLD OKEECHOBEE RD., STE. 508 W. PALM BEACH FL 33409 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Delete TITLE TITLE 1860 Old Okeechobee Rd Suite Sol LANG, MICHAEL R NAME 1860 OLD OKEECHOBEE RD., STE. 508 STREET ADDRESS STREET ADDRESS W. PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE 1860 Old Objecthober Rd Surk 508 WHILE COOK NAME NAME STREET ADDRESS STREET ADDRESS 3*3409* CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.