

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90100 030 \*\*\*150.00

**DOCUMENT # S94431**

1. Entity Name  
**MIDAMERICA FINANCIAL SERVICES, INC.**

Principal Place of Business  
**1750 UNIVERSITY DRIVE**  
**CORAL SPRINGS FL 33071**

Mailing Address  
**1750 UNIVERSITY DRIVE**  
**CORAL SPRINGS FL 33071**

**00011871**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1750 University Dr. #223**  
 Suite, Apt. #, etc.  
**Suite 223**

3. Mailing Address  
**23268 Minabella Circle N.**  
 Suite, Apt. #, etc.

City & State  
**Coral Springs, FL**

City & State  
**Boca Raton, FL**

4. FEI Number **65-0298144** Applied For  Not Applicable

Zip **33071** Country **DOE** Zip **33433** Country **Palm Bch**

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

6. Name and Address of Current Registered Agent  
**LAWRENCE, MARCUS**  
**1750 UNIVERSITY DRIVE**  
**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent  
 Name **LAWRENCE MARCUS**  
 Street Address (P.O. Box Number is Not Acceptable) **23268 Minabella Circle N.**  
 City **Boca Raton** FL Zip Code **33433**

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 **Lawrence Marcus** DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LAWRENCE, MARCUS <input checked="" type="checkbox"/> Delete 1750 UNIVERSITY DR., #126 CORAL SPRINGS FL 33071	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LAWRENCE MARCUS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 23268 Minabella Circle N. BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Lawrence Marcus President** Date **1-23-01** Daytime Phone # **954-341-2893**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (10/00)