2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # S94431 1. Entity Name

MIDAMERICA FINANCIAL SERVICES, INC.



FILED Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90095 016 ***150.00

Principal Place of Business 1750 UNIVERSITY DRIVE SUITE 223 CORAL SPRINGS FL 33071		6902	Mailing Address 6902 NW 108TH AVE PARKLAND FL 33076							
2. Principal Place of Business			3. Mailing Address				1 1881/8/8 118 1811/1 8/8/1 8/8/8 11/8/1/1/8/	AN BIRIN ANDN BIRIN	(1 111) 111 111	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate . — — — — — — — — — — — — — — — — — —	- Cit	y & State —		.	4.	FEI Number 65-0298144		Applied For Not Applicable	
Zip	Country	Zip)	Cour	ntry	5.	Certificate of Status Desired	\$8.75 A Fee Requi	dditional	
	6. Name and Address of Curre	nt Register	red Agent	J	<u> </u>	7. 1	Name and Address of New Registe		Teu	
					Name					
	CE, MARCUS		Street /			ddress (P.O. Box Number is Not Acceptable)				
6902 NW 108TH AVE						<u> </u>				
	D FL 33076				ł					
`					City			Zip Co	de	
8. The above	e named entity submits this statement	for the purp	pose of changing its	register	ed office o	r registered ag			n, and accent	
the obliga	tions of registered agent.					- •			i, and accept	
SIGNATURE										
	Signature, typed or printed name of registered age	nt and title if app	plicable. (NOTI	E: Registere	d Agent signat	ure required when re	instating) DA	TE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.		00 May Be	
10.	OFFICERS AN		DRS	11.		AD	DITIONS (CHANCES TO OFFICERS	AND DIDECTOR		
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR