

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90143 049 ***150.00

0570883

DOCUMENT # 849333

1. Entity Name

MIDWEST INTERNATIONAL, INC.

Principal Place of Business

658 WILMINGTON AVENUE
 SALT LAKE CITY UT 84106
 US

Mailing Address

658 WILMINGTON AVENUE
 SALT LAKE CITY UT 84106
 US

DUU47536



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

425 NORTH 400 WEST
 Suite, Apt. #, etc. **#2D**

3. Mailing Address

425 NORTH 400 WEST
 Suite, Apt. #, etc. **#2D**

City & State

NORTH SALT LAKE, UT

City & State

NORTH SALT LAKE, UT

4. FEI Number **87-0282300**

Applied For

Not Applicable

Zip **84054**

Country **USA**

Zip **84054**

Country **USA**

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

6. Name and Address of Current Registered Agent

VANCLEVE, JIM
3601 W. MORRISON AVE.
TAMPA FL 33629

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 _____ 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

TITLE	AD	<input type="checkbox"/> Delete
NAME	LARSEN, REID S	
STREET ADDRESS	762 S 850 E	
CITY-ST-ZIP	BOUNTIFUL UT	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SUNDBLOM, RICHARD L	
STREET ADDRESS	4243 KING ARTHUR DR.	
CITY-ST-ZIP	W. VALLEY UT	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, KENNETH	
STREET ADDRESS	2363 E. OAKCREST LANE	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	VB	<input type="checkbox"/> Delete
NAME	LARSEN, BRAD R	
STREET ADDRESS	2074 N. KINGSTON RD	
CITY-ST-ZIP	FARMINGTON UT	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNING, RANOE	
STREET ADDRESS	1085 N. 1200 E.	
CITY-ST-ZIP	BOUNTIFUL UT	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARSEN, JANICE	
STREET ADDRESS	762 S. 850 E	
CITY-ST-ZIP	BOUNTIFUL UT	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE LARSEN	
STREET ADDRESS	2074 N Kingston Rd	
CITY-ST-ZIP	FARMINGTON, UT 84025	

CR2E034 (10/00)

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 L. Stone **Secy TREAS** Date: 3-21-01 Daytime Phone #: 801-292-0642