

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L62517

1. Entity Name

MIDWAY MACHINE SALES, INC.

FILED

Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90042 049 ***150.00

Principal Place of Business

Mailing Address

%BETTY O'HALLORAN
3899 ULMERTON ROAD
CLEARWATER FL 34622

%BETTY O'HALLORAN
3899 ULMERTON ROAD
CLEARWATER FL 33762-4270

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0186748

Applied For

Not Applicable

Zip 33762 Country

Zip 33762 Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'HALLORAN, BETTY
3899 ULMERTON ROAD
CLEARWATER FL 33762

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME O'HALLORAN, BETTY
STREET ADDRESS 3899 ULMERTON ROAD
CITY-ST-ZIP CLEARWATER FL 33762 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE V
NAME O'HALLORAN, SUSAN
STREET ADDRESS 3742 39TH AVE N
CITY-ST-ZIP ST PETERSBURG FL 33714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE S
NAME VILETA, LISA
STREET ADDRESS 5693 67TH AVE N
CITY-ST-ZIP PINELLAS PARK FL 33781 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE T
NAME HILLER, JOYCE
STREET ADDRESS 5017 SAINT ANDREWS DR.
CITY-ST-ZIP PLAINFIELD IL 60544 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/00

(727) 572-6663