

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90017 013 ***150.00

DOCUMENT # 174461

1. Entity Name

MIDWAY INDUSTRIES, INC.

Principal Place of Business

730 OAK DRIVE (ZIP 34711)
P.O. BOX 120606
CLERMONT FL 34712

Mailing Address

730 OAK DRIVE (ZIP 34711)
P.O. BOX 120606
CLERMONT FL 34712

2. Principal Place of Business

18900 CR 561

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 120606

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

Zip

Country

34711

Zip

Country

34712-0606

4. FEI Number 59-6076810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCAFFREY, MARK L.
18900 COUNTY RD. 561
(P. O. BOX 120606, 34712)
CLERMONT FL 34711

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

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, 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 PD
NAME MCCAFFREY, MARK L.
STREET ADDRESS 18900 COUNTY ROAD 561
CITY-ST-ZIP CLERMONT FL ☐ Delete

TITLE VD
NAME CLARK, RITA M
STREET ADDRESS PO BOX 120606 730 OAK DR
CITY-ST-ZIP CLERMONT FL ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VD
NAME Clark Rita M.
STREET ADDRESS P.O. Box 120606, 730 OAK DR
CITY-ST-ZIP Clermont, FL 34712-0606 ☒ Change ☐ Addition

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)