

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90108 015 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 233280**

**1. Entity Name**  
**MIDWAY SERVICES, INC.**

<b>Principal Place of Business</b> 4677 118TH AVE N CLEARWATER FL 34622 US		<b>Mailing Address</b> 4677 118TH AVE N CLEARWATER FL 33762-4444 US	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**4. FEI Number** 59-0896532  Applied For  Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WOLF, WILLIAM J.**  
**4677 118TH AVE NORTH**  
**CLEARWATER FL 33762**

**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.**   
 (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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	WOLF, JOHN J	
STREET ADDRESS	4677 118TH AVE N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOLF, WILLIAM J.	
STREET ADDRESS	4677 118TH AVE N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOLF, FRANCES	
STREET ADDRESS	4677 118TH AVE N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOLF, GAIL A.	
STREET ADDRESS	4677 118TH AVE N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MULLER, STEVYN R	
STREET ADDRESS	4677 118TH AVENUE NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, JAMES R	
STREET ADDRESS	4677 118TH AVE N	
CITY-ST-ZIP	CLEARWATER FL	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input 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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> 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:** \_\_\_\_\_ **DATE:** 4/3/00 **Daytime Phone #:** (727) 578 9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)