2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K41896 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name MIDWAY HOLDINGS, INC. 04-27-2000 90084 007 ***150.00 Principal Place of Business Mailing Address 5306 CORTEZ ROAD WEST. SUITE 4 5306 CORTEZ ROAD WEST. SUITE 4 **BRADENTON FL 34210-2821** BRADENTON FL 34210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0079911 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOWELL, ERIC D. Street Address (P.O. Box Number is Not Acceptable) 5306 CORTEZ ROAD WEST, SUITE FOUR **BRADENTON FL 34210** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change ☐ Addition TITLE HOWELL, ERIC DOY NAME NAME STREET ADDRESS 5306 CORTEZ ROAD W STE 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BRADENTON FL ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 surfacture 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 ususee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment witj

IGNATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00 Date

941-794-3262

Daytime Phone #