

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000054656

1. Entity Name
MIDWAY REALTY, INC.



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90099 026 ***150.00

0694373 FP

Principal Place of Business
909 MIDWAY RD
FT PIERCE FL 34982

Mailing Address
909 MIDWAY RD
FT PIERCE FL 34982



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1014882

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WETZEL, JAMES C
909 MIDWAY RD
FT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name Sheryl A Wetzel
Street Address (P.O. Box Number is Not Acceptable)
909 W Midway Rd
City Fort Pierce FL Zip Code 34982

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James C Wetzel James C Wetzel, PVP 1/30/02
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPVP	<input type="checkbox"/> Delete
NAME	WETZEL, JAMES C	
STREET ADDRESS	909 W MIDWAY RD	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WETZEL, SHERYL A	
STREET ADDRESS	909 W MIDWAY RD	
CITY-ST-ZIP	FORT PIERCE FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James C Wetzel 1/30/02 772 467 9098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)