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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000087372  1. Enlity Name MEDWAY CORPORATION								SECRETARY OF STATE DIVISION OF CORPORATE TO STATE DIVISION OF CORPORATE					
Principal Place of Business 2451 THE OAKS BLVD. KISSIMMEE, FL 34746 US				ing Address 1 THE OAKS BLVD. SIMMEE, FL 34746	US	<u> </u>						dina di Siling and di	
Principal Place of Business     3367 West Vine Street				3. Mailing Address 2330 Indian Mt. Trail									
Suite, Apt. #, etc. Suite 203				Suite, Apt. #, etc.					CHECK HER	E IF MAKING	G CHANGES		_
City & State Kissimmee, FL				City & State Kissimmee, FL				4. FEI Number 06-1654175			Applied For Not Applicable		
Zip 34741	41 Country USA		32	34746		Country USA		. Certificate	of Status Desired	Ø	\$8.75 Add Fee Require		
		7. Name and Address of New Registered Agent Name							-				
ROBERTSON, DAVID J 2415 THE OAKS BLVD KISSIMMEE, FL 34746							Anne Bradshaw  Street Address (P.O. Box Number is Not Acceptable) 2330 Indian Mt. Trail						
					-		Kissimmee			FL Zip Code 34746			1
		ly submits this state tered agent.	ement for the pu	rpose of changing its	registere	ed office or r						and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE													
FILE NOWIII FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State									ection Campaign l est Fund Contribu			<b>0</b> May Be I to Fees	
10		OFFICE	RS AND DIRECT	ORS	31.		/	ADDITIONS/	CHANGES TO O	FICERS AN	D DIRECTOR	5 IN 11	1_
TITLE NAME	P	SON, DAVID		Delete	TITLE	L	President				☐ Change	Addition	0/02
	DRESS 2451 THE OAKS BLVD			STRE		ET ADDRESS -ST-2IP	Anne Bradshaw 2330 Indian Mt. Trail Kissimmee, FL 34746					F034 (10/02	
TITLE				☐ Delete	1811	1					Change	Addition	CRZ
NAME STREET ADDRESS CITY-ST-ZP					H -	E1 ADDRESS -S1-ZIP							
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STREET ADDRESS					STRE	£1 ADDRESS -S1-21P							
TITLE NAME STREET ADDRESS CITY-ST-2P				☐ Delete	a	ì					☐ Change	☐ Addition	
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: Owner of the corporation of 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: Owner of 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 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 chapter in the corporation of 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 chapter in the corporation of the receiver of the corporation of the receiver of the corporation													
SIGNAT	URE: _	SIGNATURE AND T	YPED OR PRINTED N	Anne Brac			316	thugu	512003	4017	Daytime Phone #	19 4	

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