

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State
09-02-2003 90187 033 ***550.00

0129837 AT

DOCUMENT # P02000128395

1. Entity Name
MIDWAY CAFE' AND COFFEE BAR, INC.



Principal Place of Business
**80499 OVERSEAS HWY
ISLAMORADA FL 33036**

Mailing Address
**80499 OVERSEAS HWY
ISLAMORADA FL 33036**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

90-0053712

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCGLOSSON, ROBERT
240 TREASURE HARBOR DR
ISLAMORADA FL 33036**

7. Name and Address of New Registered Agent

Name **McGlosson Robert**
Street Address (P.O. Box Number is Not Acceptable)
171 Coral Rd
City **Islamorada** FL Zip Code **33036**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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 **D** ☒ Delete
NAME **MCGLOSSON, ROBERT**
STREET ADDRESS **240 TREASURE HARBOR DR**
CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE **D** ☒ Delete
NAME **MCGLOSSON, LINDSEY**
STREET ADDRESS **240 TREASURE HARBOR DR**
CITY-ST-ZIP **ISLAMORADA FL 33036**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **McGlosson Robert**
STREET ADDRESS **171 Coral Rd**
CITY-ST-ZIP **Islamorada FL 33036**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **McGlosson Lindsey**
STREET ADDRESS **171 Coral Rd**
CITY-ST-ZIP **Islamorada FL 33036**

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

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:

SANDRA MCGLOSSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)