

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90098 021 ***150.00

DOCUMENT # P93000012721



1. Entity Name
MIDWAY WAREHOUSE INVESTORS, INC.

Principal Place of Business

2910 W BAY TO BAY BLVD

STE 200

TAMPA FL 33629

US

Mailing Address

2910 W BAY TO BAY BLVD

STE 200

TAMPA FL 33629

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3163368

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, DAVID A

2910 W BAY TO BAY BLVD

STE 200

TAMPA FL 33629

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. 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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	FOSTER, FRANK M JR	8 BROOK LANE LAKELAND FL 33803				
	P	KENNEDY, DAVID A	2910 W BAY TO BAY BLVD STE 200 TAMPA FL 33629				
	VPT	RODANTE, SAM	4501 DIGNAN ST. JACKSONVILLE FL 32201				
	AS	JENKINS, DONNA K	2910 W BAY TO BAY BLVD STE 200 TAMPA FL 33629				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/03 813247525

Date

Daytime Phone #

CR2E034 (10/02)