

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90076 048 ***150.00

DOCUMENT # P93000035390

1. Entity Name

MIDWAY LEARNING CENTER, INC.



Principal Place of Business

8682 STATE ROAD 21
MELROSE FL 32666
US

Mailing Address

8682 STATE ROAD 21
MELROSE FL 32666
US

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 **59-2474297**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHACKLEFORD, PATRICIA A
8682 STATE ROAD 21
MELROSE FL 32666

7. Name and Address of New Registered Agent

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

TITLE **D**
NAME **SHAUGHNESSY, ROBERT J**
STREET ADDRESS **BOX 402 N/A**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

~~Delete~~
See attached

TITLE **D**
NAME **SHACKLEFORD, PATRICIA A**
STREET ADDRESS **3901 ST RD 21**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL**

☐ Delete

TITLE **D**
NAME **KENDALL, PAUL A**
STREET ADDRESS **3901 ST RD 21**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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:

PATRICIA A. SHACKLEFORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2003
Date

Daytime Phone #

CR2E034 (10/02)



attachment

86045603

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 16, 2002

PAUL A KENDALL
MIDWAY LEARNING CENTER, INC.
8862 STATE RD 21
MELROSE, FL 32666

Re: Document Number P93000035390

The Officer/Director Resignation was filed on December 9, 2002, resigning ROBERT J SHAUGHNESSY from MIDWAY LEARNING CENTER, INC., a Florida corporation.

Should you have any questions regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Pamela Smith
Document Specialist
Division of Corporations

Letter Number: 002A00066180