## 2000 UNIFORM BUSINËSS REPORT (UBR)

## FILED DOCUMENT # **P96000036420** Jan 27, 2000 8:00 am Secretary of State MIDWAY PRINTING INC 01-27-2000 90008 015 \*\*\*150.00 Principal Place of Business Mailing Address 2325 SW INDEPENDENCE RD MIDWAY PRINTING, INC. 3211 A OLEANDER AVE PT ST LUCIE FL 34953-2438 FT PIERCE FL 34982 2. Principal Place of Business 3. Mailing Address SAME AS ABOVE SAME AS ABOVE DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0658624 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent . SAME WEAVER, PAUL Street Address (P.O. Box Number is Not Acceptable) 2325 SW INDEPENDENCE RD PT ST LUCIE FL 34953 Zip Code FL 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. SIGNATURE (NOTE: Registered Agent signature required when rainstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE WEAVER, PAUL NAME 2325 SW INDEPENDENCE RD STREET ADDRESS STREET ADDRESS PT ST LUCIE FL 34953 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED IN