

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90328 024 \*\*\*150.00

**DOCUMENT # P96000036420**

1. Entity Name  
**MIDWAY PRINTING INC** ✓

Principal Place of Business <b>MIDWAY PRINTING, INC          3211 A OLEANDER AVE          FT PIERCE FL 34982          US</b>	Mailing Address <b>2325 SW INDEPENDENCE RD          PT ST LUCIE FL 34953          US</b>
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2. Principal Place of Business <b>SAME</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>AS</b>	Suite, Apt. #, etc. <b>AS</b>
City & State <b>ABOVE</b>	City & State <b>ABOVE</b>

4. FEI Number **65-0658624** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

**WEAVER, PAUL  
 2325 SW INDEPENDENCE RD  
 PT ST LUCIE FL 34953**

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.

SIGNATURE *Paul Weaver* DATE **1-26-2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEAVER, PAUL</b> <b>2325 SW INDEPENDENCE RD</b> <b>PT ST LUCIE FL 34953</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>JONI A WEAVER</b> <b>2325 SW INDEPENDENCE RD</b> <b>PT ST LUCIE FL 34953</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Paul Weaver* **PAUL J. WEAVER** DATE **1-26-2001** DAYTIME PHONE # **561-464-0540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)