May-02-03 01:52P

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90714 009 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038796

1. Entity Name
MILKY WAY, INC

DO NOT WRITE IN THIS SPACE

11039538

2. Principal Place of Business	3. Mailing Address
55 NORTH ORANGE AVE	55 NORTH ORANGE AVE
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORANGE, FL
Zip: 32801 Country: USA	Zip: 32801 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3549630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name SCHWOLSKY, CAROL L.
Street Address (P.O. Box Number is Not Acceptable)
55 N. ORANGE AVE
City ORLANDO FL Zip Code 32801

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 Carol L. Schwolsky 5/2/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	SCHWOLSKY, CAROL L.	NAME	
STREET ADDRESS	55 N. Orange Ave., Orlando, Fl 32801	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ST	TITLE	
NAME	SCHWOLSKY, BARBARA	NAME	
STREET ADDRESS	55 N. Orange Ave., Orlando, Fl 32801	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carol L. Schwolsky 5/2/03 407-841-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)