FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 798000061055

1. Entity Name
Mid. TOWN TRANSFER INC.



FILED

03 NOV 19 AM 11:36

Comments to the consession

				SECNETARY OF STATE TALLAHASSEE, FLORIDA	
	DO NOT WRITE	IN THIS S	PACE		
2. Principal P	lece of Business	3. Mailing Address	u Hamashire	REINSTATIVE	17 07
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SE	ACE ACE
City & State		City & State Orlando, Florich		4. FEI Number 59 - 350 10 33	Applied For Not Applicable
Zip	Country	Zip 32804	Country USA		8.75 Additional ee Required
		1 -200 (7. Name and Address of Current Registered	<u> </u>
	DO NOT W IN THIS SF		Name Timothy A. Morther Street Address (P.O. Box Number is Not Acceptable) 1600 W. New Hampshire St.		
			City Orlan	odo FL	Zip Code 32804
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 Timothy A. Morghew Signature, typod of printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstate(s)) DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing\$5.00 M					\$5.00 May Be Added to Fees
10.	OFFICERS AND				
TITLE NAME	A 11.10 2.1		TITLE NAME		765 **150.00
STREET ADDRESS CITY-ST-ZIP	Timothy A. Morphen 1600 w. New Hampshire St. Orlando, Fl. 32804		STREET ADDRESS CITY-ST-ZIP	500024855765 11/19/0301041010_**150_00	
TITLE	OFFIRMOD, FC. SAFO	~	TITLE	11719/0301041010	**1711111 5
NAME			NAME		8
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE			TITLE		
name Street address			NAME STREET ADDRESS		
CITY-ST-ZIP		• • •	CITY-ST-ZIP	DO NOT WRIT	E
title Name			TITLE NAME	IN THIS SPAC	:E
STREET ADDRESS			STREET ADDRESS		_
CITY-ST-ZIP			CITY-ST-ZIP		
title Name			TITLE NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		,	TITLE		
NAME Street address			NAME 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: Timothy A Morpher 11-01-03 407-849-99 35					

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Mid-Town Transfer, Inc.

1700 West New Hampshire Orlando, FL 32804 Phone 407-849-9935 Fax 407-849-1487

To Whom it May Concern,

I am asking you to please forgive me of the penalty charge due to non-receipt of form. The business had a change of address in November 2002.

Sincerely

President

Timothy Morphew