2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90021 026 ***150.00

550275

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000055120

1. Entity Name
SUNWAY FOOD SALES, INC.

Principal Place of Business	Mailing Address
668 LAMOKA CT WINTER SPRINGS FL 32708	668 LAMOKA CT WINTER SPRINGS FL 32708

2. Principal Place of Business	3. Mailing Address
668 LAMOKA Ct.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Springs FL	City & State
Zip: 32708 Country: USA	Zip Country

4. FEI Number 59-3580531 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIDDLEBROOKS, MARY V
~~303 EAST GREENTREE LANE~~ 668 LAMOKA Ct.
~~LAKE MARY FL 32746~~
WINTER SPRINGS, FL 32708

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

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	P MIDDLEBROOKS, MARY V 668 LAMOKA CT. WINTER SPRINGS FL 32708	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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.

SIGNATURE: Mary V. Middlebrooks — 05-01-01 — (407) 971-6945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attach

P99000055120

May 1, 2001

55275

[redacted]

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing in regard to the 2001 Uniform Business Report (UBR) which was due on May 1, 2001.

I had the enclosed form (Document #P99000055120) with my income tax papers I had given to my accountant to do my business income tax. He ended up putting in an extension for me. I had thought he would have it done earlier and if he had I would have had it back to my home earlier.After he told me he was putting in an extension for my taxes, I had planned to go the the accountant's office and pick-up the papers the week of April 16 or 23, to get this sent in to you. Well, on April 14, 2001, I had a bad fall, and on April 15, 2001, I was in the Emergency Room of South Seminole Hospital, 555 W State Rd. 434, Longwood, FL 32750 - Telephone Number (407) 767-1200. They in-turn, put me in a temporary cast, and told me to go to a Orthopedic Doctor. I made an appointment to go see Dr. Robert L. Murrah, 1410 W. Broadway, Oviedo, FL 32765, Telephone number (407) 366-7411, and he told me I had to have surgery to put in pins and a plate. After that I have been in a cast and then a Equalizer Short Leg Walker Boot. But I can still not put in weight on my right leg and have to keep it elevated. The surgery was on April 18, 2001. I have been incapacitated every since, and have not been able to drive. I am enclosing a copy of an application for a handicapped license from my doctor for you to see.

I finally was able to get ahold of my accountant's secretary and she mailed me the form. I am sending in to you right away with the $150.00. It would have been on time if this had not happened. I hope you will waive the overdue charges, as I had no idea this would happen.

Thank you for your help.

Mary V. Middlebrooks
Sunway Food Sales, Inc.
668 Lamoka Ct.
Winter Springs, FL 32708
(407) [illegible]

Attach

pg 3

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES
DIVISION OF MOTOR VEHICLES
Neil Kirkman Building - Tallahassee, Fl 32399-0500

APPLICATION FOR DISABLED PERSON PARKING PERMIT PLACARD
(SEE REVERSE SIDE FOR PROCEDURES AND INSTRUCTIONS)

#D990000555120

CHECK ONE:	COMPLETE IF APPLICABLE:	FOR DMV OR TAG AGENT USE ONLY:
☐ Primary Permit	PREVIOUS PERMIT NO._____	PERMIT NO._____
☐ Additional Permit	PREVIOUS PERMIT NO._____	PERMIT NO._____
☒ Temporary Permit	PREVIOUS PERMIT NO._____	PERMIT NO._____

PLEASE PRINT OR TYPE — **APPLICATION BY DISABLED PERSON ***

I certify that I am a disabled person as required by Section 320.0848, Florida Statutes, with certification from a Physician, Osteopathic Physician, Podiatrist, Chiropractor licensed within the state of Florida; the Division of Blind Services; the Adjudication Office of the U.S. Department of Veterans Affairs or the Veterans Administration, or the Florida Department of Veterans Affairs.

Print or Type Name of Applicant _____ Signature of Disabled Person, Parent or Guardian of Disabled Person _____

Date of Birth _____ Sex _____ Date Signed _____

Street Address _____ City _____ State _____ Zip _____

Florida Driver License Number or Florida ID Card Number _____ Expiration Date _____

This is to certify that I,_____, require an additional parking placard for the following reason:_____

Signature of Applicant:_____ Date Signed:_____

CHECK ONE: — **PHYSICIAN'S STATEMENT OF CERTIFICATION ***

☒ This is to certify that MARY MIDDLEBROOK is a person with a temporary disability of one year or less that limits or impairs his/her ability to walk or is temporarily sight impaired. Due to the temporary disability, I recommend a disabled person parking permit to be issued from 4/30/01 (Date) through 10/30/01 (Date).

☐ This is to certify that _____ is a permanently disabled person with specific disability(ies) that limit or impair his/her ability to walk or is certified as legally blind. the specific disability(ies) are checked below:

- ☐ 1. Inability to walk 200 feet without stopping to rest.
- ☐ 2. Inability to walk without the use of or assistance from a brace, cane, crutch, prosthetic device, or other assistive device, or without assistance of another person. If the assistive device significantly restores the person's ability to walk to the extent that the person can walk without severe limitation, the person is not eligible for the exemption parking permit.
- ☐ 3. The need to permanently use a wheelchair.
- ☐ 4. Use of portable oxygen
- ☐ 5. Legally Blind.
- ☐ 6. Restriction by lung disease to the extent that the person's forced (respiratory) expiratory volume for 1 second, when measured by spirometry, is less than one liter or the persons arterial oxygen is less than 60mm/hg on room air at rest.
- ☐ 7. Restriction by cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- ☒ 8. Severe limitation in a persons ability to walk due to an arthritic, neurological, or orthopedic condition.

☐ In addition to the above disabilities, I also certify that _____ is a quadriplegic and has the need for a second permit.

MARY MIDDLEBROOKS — Print or Type Name of Certifying Authority — Signature — 4/30/01 Date Signed

800 W. Morse Blvd #5 — Business Street Address — 407-647-0629 Telephone Number

Winter Park — City — FL State — 32789 Zip

Certification or License No.(REQUIRED) ME0058725 of Physician, Osteopathic Physician, Podiatrist, Chiropractor

PLEASE PRINT OR TYPE — **APPLICATION BY AN ORGANIZATION***

This is to certify that _____ provides regular transportation service to disabled persons having disabilities that limit or impair their ability to walk or are certified to be legally blind.

Number of vehicles in fleet for this purpose_____ _____ _____

Signature of Organization's Authorized Representative — *Date Signed*

Street Address _____ City _____ State _____ Zip _____

FEID OR SALES TAX REGISTRATION NO._____

TAX COLLECTOR USE ONLY

Agency personnel processing this application _____ County _____ Agency _____ Date _____

* Any person who knowingly makes a false or misleading statement in an application of certification under Section 320.0848, Florida Statutes, commits a misdemeanor of the first degree, punishable as provided in Section 775.082 or 775.083, F.S. The penalty is up to one (1) year in jail or a fine of $1,000 or both.