

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-15-2002 90009 049 ****70.00

DOCUMENT # N32294

1. Entity Name

ANOTHER WAY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2795
 HWY 27
 CHIEFLAND FL 32644
 US

P.O. BOX 2795
 HWY 27
 CHIEFLAND FL 32644
 US

18806



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 2240

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2240

Suite, Apt. #, etc.

City & State

CHIEFLAND FL

City & State

CHIEFLAND FL

4. FEI Number

59-3061078

Applied For

Not Applicable

Zip

32644

Country

Zip

32644

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fees Required**

6. Name and Address of Current Registered Agent

**FAGAN, DONNA L
 103 N.E. 1ST ST.
 CHIEFLAND FL 32626**

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D MCKERNAN, PAULETTE 1050 COMMERCE BLVD. LAKE CITY FL 32055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LLOYD, SUSAN 13550 N.E. 6TH CT. TRENTON FL 32693	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, ELIZABETH 302 E. DUVAL ST. LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, T.L. D.O. P.O. BOX 5010 CROSS CITY FL 32628	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KROZIER, ANN 505 CENTRAL AVE. JASPER FL 32052	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, ELIZABETH 302 E. DUVAL ST. LAKE CITY FL 32055	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D TINA JOHNSON P.O. Box 746 LAKE CITY, FL 32056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM GOOTEC RT 15 BOX 1220 LAKE CITY, FL 32024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/TRES. KEITH MCKERNAN 940 S.W. 79th TERR. GAINESVILLE, FL 32607-3377	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paulette McKernan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/02 386-719-9026
 Date Daytime Phone #

CR2E037 (8/01)