

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90037 032 ***150.00

DOCUMENT # P96000001636

1. Entity Name
SEG WAY, INC.

Principal Place of Business Mailing Address
211 TIMBERCOVE CR. N. **211 TIMBERCOVE CR. N.**
LONGWOOD FL 32779 **LONGWOOD FL 32779**
US **US**

759553



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
213 SWEET GUM WAY **213 SWEET GUM WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LONGWOOD, FL **LONGWOOD, FL**

Zip Country Zip Country
32779 **USA** **32779** **USA**

4. FEI Number Applied For
59-3352774 Not Applicable

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

6. Name and Address of Current Registered Agent
GORMAN, SANDRA
211 TIMBERCOVE CR. N.
LONGWOOD FL 32779

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
213 SWEET GUM WAY
 City State Zip Code
LONGWOOD **FL** **32779**

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 _____ DATE _____
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

TITLE	D <input type="checkbox"/> Delete
NAME	GORMAN, SANDRA
STREET ADDRESS	211 TIMBERCOVE CR N
CITY-ST-ZIP	LONGWOOD FL 32779
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	213 SWEET GUM WAY
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Sandra Gorman* Date: **3-21-01** Daytime Phone #: **407-963-5207**

CR2E034 (10/00)