

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90067 034 ***150.00

DOCUMENT # J23053

1. Entity Name

THE PETWAY COMPANIES, INC.

Principal Place of Business

**2727 ATLANTIC BLVD.
JACKSONVILLE FL 32207**

Mailing Address

**2727 ATLANTIC BLVD.
JACKSONVILLE FL 32207**

2. Principal Place of Business

5011 Gate Parkway

3. Mailing Address

5011 Gate Parkway

Suite, Apt. #, etc.

Suite 150

Suite, Apt. #, etc.

Suite 150

City & State

Jacksonville Florida

City & State

Jacksonville Florida

Zip

32256

Country

USA

Zip

32256

Country

USA

4. FEI Number **59-2704658**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PETWAY, THOMAS F.
2727 ATLANTIC BLVD.
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Petway, Thomas F.

Street Address (P.O. Box Number is Not Acceptable)

5011 Gate Parkway

Suite 150

Jacksonville

FL

Zip Code

32256

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

TITLE	DSTP	<input type="checkbox"/> Delete
NAME	PETWAY, THOMAS F. III	
STREET ADDRESS	2727 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EMANS, CHRISTOPHER F	
STREET ADDRESS	2152 FOREST HOLLOW WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32259	
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	DSTP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Petway, Thomas F. III	
STREET ADDRESS	5011 Gate Parkway, Suite 150	
CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input checked="" 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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)