

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90134 025 ***150.00

10019827



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # J23053			
1. Entity Name THE PETWAY COMPANIES, INC.			
Principal Place of Business 5011 GATE PKWY SUITE 150 JACKSONVILLE FL 32256		Mailing Address 5011 GATE PKWY SUITE 150 JACKSONVILLE FL 32256	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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		7. Name and Address of New Registered Agent	
PETWAY, THOMAS F. 5011 GATE PKWY SUITE 150 JACKSONVILLE FL 32256		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

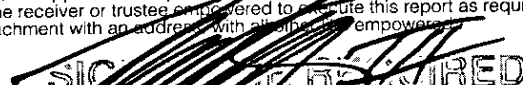
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTP PETWAY, THOMAS F. III 5011 GATE PKWY STE 150 JACKSONVILLE FL 32256 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thomas F. Petway, IV 5011 Gate Parkway Ste 150 Jax FL 32256 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EMANS, CHRISTOPHER F 2152 FOREST HOLLOW WAY JACKSONVILLE FL 32259 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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 Block 11 if changed, or on an attachment with an address with authority to empower.

SIGNATURE:  **Jan 14 2003** **904 398-3907**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)