

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 678600

1. Entity Name
SANWAY, INC.



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90129 026 ***150.00

Principal Place of Business
5100 U S HIGHWAY 98 N, SUITE #15
LAKELAND FL 33809

Mailing Address
5100 U S HIGHWAY 98 N, SUITE #15
LAKELAND FL 33809
5529 US 98 North

11023420



2. Principal Place of Business
5529 US 98 N
Suite, Apt. #, etc.

3. Mailing Address
5529 US 98 N
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
LAKELAND, FL
Zip
33809
Country
USA

City & State
LAKELAND, FL
Zip
33809
Country
USA

4. FEI Number 59-2022124

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WADE, WILLIAM R
5100 U S HIGHWAY 98 N, SUITE #15
LAKELAND FL 33809

Greg Wilhelm
5529 US 98 North
Lakeland FL 33809

7. Name and Address of New Registered Agent

Name
GREG WILHELM
Street Address (P.O. Box Number is Not Acceptable)
5529 US 98 N
City
LAKELAND FL
Zip Code
33809

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

Greg Wilhelm

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
SAUNDERS, JOE L.
5100 US 98TH N. STE #15
LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
WILHELM, KENNETH F.
5100 US 98TH N. STE #15
LAKELAND FL 33809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILHELM, KENNETH F
5100 US 98 N #15
LAKELAND FL 33809 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE

Greg Wilhelm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

Daytime Phone #

CR2E034 (10/02)