2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G21455

1. Entity Name

GETAWAY MARKETING, INC.

	,			}			
Principal Place of Business Mailing Address							
112-215 301 BLVD. E BRADENTON FL 34208		212-215 301 BLVD. E BRADENTON FL 34208			6907) K 1	
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS S	PACE	
City & State		City & State	City & State		4. FEI Number 59-2262355 Applied For		
Zip	Country	Zip	Country	5.	Cartificate of Status Desired	Not Applicable 8.75 Additional	
<u> </u>	6. Name and Address of Curren	t Ponistand Agent	<u> </u>	7	Name and Address of New Registered A	ee Required	
	6. Name and Address of Curren	t Registered Agent	Name			gent	
PIONTEK, SUSAN 718 BAYSHORE DR			Street A	Susan A. Piontek Gould Street Address (P.O. Box Number is Not Acceptable) 148 41st Street Circle EAst			
PO BOX 346			140	<u> </u>	octoet criore mise		
TERRA CELA FL 34250			City	radenton FL Zip Code 34208			
8. The above	s named entity submits this statement	1. Could	s registered office of		3.	<u> </u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!! After MAY 1, 200 Make Check Payable				\$550.00 Trust Fund Contribution.			
11.	OFFICERS ANI	DIRECTORS	12.	AL	DDITIONS/CHANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PIONTEK, SUSAN 718 BAYSHORE DR TERRA CELA FL	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	148 4	A. Piontek Gould 1st Street Circle E	Y Change ☐ Addition Sast	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOUWENS, DENNIS 3609 64TH ST W BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Brade	HEOH, FB 342V0	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasu William A. Gould 148 41st St. Cir Bradenton, FL 34	cle East	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐-Change — Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Diagenton, Fin 34	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS	3 1	☐ Delete	TITLE NAME STREET ADDRESS			Change Addition	

CITY-ST-ZIP

FILED

Mar 27, 2000 8:00 am Secretary of State 03-27-2000 90069 050 ***150.00

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 trusted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR