

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90124 022 \*\*\*150.00

0661791 AB

**DOCUMENT # J45876**

1. Entity Name  
**FASTWAY MARKETS, INC.**



Principal Place of Business  
**25511 NYS ROUTE 12  
WATERTOWN NY 13601  
US**

Mailing Address  
**25511 NYS ROUTE 12  
WATERTOWN NY 13601  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2747694**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**HARDIMAN, MICHAEL C.  
11838 APOPKA-VINELAND ROAD  
ORLANDO FL 32819**

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	DP	<input type="checkbox"/> Delete
NAME	<b>ENNIS, MARLENE R</b>	
STREET ADDRESS	<b>25516 NYS ROUTE 12</b>	
CITY-ST-ZIP	<b>WATERTOWN NY</b>	
TITLE	DST	<input type="checkbox"/> Delete
NAME	<b>ENNIS, REXFORD M</b>	
STREET ADDRESS	<b>25550 NYS ROUTE 12</b>	
CITY-ST-ZIP	<b>WATERTOWN NY</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SARTI, LAUREN E</b>	
STREET ADDRESS	<b>2021 BERNARD BLVD</b>	
CITY-ST-ZIP	<b>EDWELL NY</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE: *Marlene R Ennis* ST 4/11/03 315-788-0200  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)