FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90383 041 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10079810

DOCUMENT # J66916

1. Entity Name
HEMENWAY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4295 NORTH ATLANTIC AVE. COCOA BEACH, FL 32931	4295 NORTH ATLANTIC AVE. COCOA BEACH, FL 32931

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 563 BARTON BLVD. SUITE 1	Suite, Apt. #, etc.: 563 BARTON BLVD. SUITE 1
City & State: ROCKLEDGE, FL	City & State: ROCKLEDGE, FL
Zip: 32955 Country: USA	Zip: 32955 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2803738 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HEMENWAY, AUDREY A.
4295 NORTH ATLANTIC AVE.
COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent
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: [signature] 4-17-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HEMENWAY, JERRY 640 BREVARD AVE #434 COCOA BEACH, FL 32931	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST HEMENWAY, AUDREY 25 GREENWOOD LANE COCOA BEACH, FL	☐ 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 / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4-17-03 321-631-5221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #