2002 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Aug 06, 2002 8:00 am
Secretary of State
01-24-2002 90001 035 ****61.25

DOCUMENT # NQ10000003614

1. Entity Name

COMPANIONS ON THE WAY, INC.

Principal Place of Business	Mailing Address
2106 SAWGRASS VILLADE PONTE VEDRA BCH FL 32082	2106 SAWGRASS VILLADE PONTE VEDRA BCH FL 32082

40821

DO NOT WRITE IN THIS SPACE

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 22-3860473 ☐ 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
HILL, WILLIAM H JR 2106 SAWGRASS VILLADE PONTE VEDRA BCH FL 32082	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SENIFF, JOHN C REV 74 FISHERMAN'S COVE PONTE VEDRA BCH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEAL, ASHLEY C REV 74 FISHERMAN'S COVE PONTE VEDRA BCH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~JEFFRIES, DRAKE REV~~ ~~202 E WINDSOR~~ ~~MONROE NC 28112~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Connie Seniff 1759 Willard St. N.W. #3 Washington, DC 20009	☑ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 617, 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: Rev. John C. Seniff REQUIRED 1/15/02 907-321-2682
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 40821

COMPANIONS ON THE WAY, INC.
Somerset, 125 W. Hirth Rd. #1104
Fernandina Beach, Fl. 32034

August 1, 2002

Florida Department of State
Katherine Harris, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

In reply to: your letter of January 26 we are returning 2002 Uniform Business Report, Document # NO1OOOOO3614 which now includes our Federal Employer Identification Number.

If you have any further questions you may contact me at 904-491-3848.

Sincerely yours,

Ashley Neal

Ashley Neal,
Vice President

/encl.