

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90251 013 \*\*\*158.75

DOCUMENT # P00000049524

1. Entity Name

PETTWAY PROPERTIES, INC.

Principal Place of Business

8801 COMMODITY CIRCLE, SUITE A  
ORLANDO FL 32819

Mailing Address

8801 COMMODITY CIRCLE, SUITE A  
ORLANDO FL 32819

2. Principal Place of Business

SAME

3. Mailing Address

PO Box 692035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

Country

FL 32869

Country

US

4. FEI Number

59-3647345

Applied For

Not Applicable

5. Certificate of Status Desired

X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMPONE, ANNE  
2721 CRANES CORE DRIVE  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name: Anne Lampone  
Street Address (P.O. Box Number is Not Acceptable): 8801 Commodity Cw #A  
City: Orlando FL Zip Code: 32819

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: *Anne Lampone*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PETTWAY, KIMDERLON	
STREET ADDRESS	P.O. BOX 585566	
CITY-ST-ZIP	ORLANDO FL 32858	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pettway, Kimberlon	
STREET ADDRESS	PO Box 692035	
CITY-ST-ZIP	Orlando FL 32869	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 trustee 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:

*Kimberlon L. Pettway* Kimberlon L. Pettway 4-7-01 407-448-2507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)