

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90014 046 ***150.00

DOCUMENT # P01000012153

1. Entity Name

BOB MORWAY, INC.

Principal Place of Business

**500 PALM SPRINGS BLVD., #701
 INDIAN HARBOUR BEACH FL 32937**

Mailing Address

**500 PALM SPRINGS BLVD., #701
 INDIAN HARBOUR BEACH FL 32937**

2. Principal Place of Business

8265 N. WICKHAM RD

Suite, Apt. #, etc.

STE C.

3. Mailing Address

8265 N. WICKHAM RD

Suite, Apt. #, etc.

STE C

City & State

MELBOURNE, FL.

City & State

MELBOURNE, FL

Zip

32940

Country

USA

Zip

32940

Country

4. FEI Number

59-3697194

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SANTORE, MICHAEL A
 483 ORLOV ROAD NW
 PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name **ROBERT T. MORWAY**
 Street Address (P.O. Box Number is Not Acceptable)
500 PALM SPRINGS BLVD #701
 City **INDIAN HARBOUR BEACH FL** Zip Code **32937**

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-26-02

DATE

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D MORWAY, BOB 500 PALM SPRINGS BLVD., #701 INDIAN HARBOUR BEACH FL 32937	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, V, P, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

[Signature] **ROBERT T. MORWAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-02

Date

321-242-9399

Daytime Phone #

CR2E034 (9/01)