

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90423 015 ***158.75

DOCUMENT # P01000054138

1. Entity Name
GREENWAY RESOURCES INC.



Principal Place of Business
BOX 103
2447 W. WICKHAM ROAD. #138
MELBOURNE FL 32935

Mailing Address
BOX 103
2447 W. WICKHAM ROAD. #138
MELBOURNE FL 32935



2. Principal Place of Business
4389 Ligustrum Dr
Suite, Apt. #, etc.
Melbourne, Florida
City & State

3. Mailing Address
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

Zip **32934** Country **USA**

Zip Country

4. FEI Number **59-3727136**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HAWLEY, LISA M
4389 LIGUSTRUM DRIVE
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

Name **Lisa M. Scott**
Street Address (P.O. Box Number is Not Acceptable)
4389 Ligustrum Drive
City **Melbourne** **FL** Zip Code **32934**

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

(NOTE: Registered Agent signature required when reinstating)

3-1-03

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

TITLE **D** ☐ Delete
NAME **HAWLEY, LISA M**
STREET ADDRESS **4389 LIGUSTRUM DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Scott, Lisa M.**
STREET ADDRESS **4389 Ligustrum Dr**
CITY-ST-ZIP **Melbourne, FL 32934**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 lines empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-03 321-259-9173

Date

Daytime Phone #

CR2E034 (10/02)