

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90038 010 ***150.00

DOCUMENT # P01000077453

1. Entity Name

HIS WAY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3994 LAVREN CT.

Suite, Apt. #, etc.

3. Mailing Address

3994 LAVREN CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DESTON, FL

City & State

DESTON, FL

4. FEI Number

43-1958528

Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32541

Country

USA

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

7. Name and Address of Current Registered Agent

Name

MELVIN P. PONDER

Street Address (P.O. Box Number is Not Acceptable)

3994 LAVREN CT.

City

DESTON

FL

Zip Code
32541

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRES AND TREAS
MELVIN P. PONDER
3994 LAVREN CT.
DESTON, FL 32541

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V.P. AND SEC
MONA L. PONDER
3994 LAVREN CT.
DESTON, FL 32541

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)