

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90045 003 ***150.00

DOCUMENT # P01000090765

1. Entity Name
SIGNWAY, INC.



Principal Place of Business
**850 BIG BUCK CIRCLE
WINTER SPRINGS, FL 32708-5116**

Mailing Address
**PO BOX 195486
WINTER SPRINGS, FL 32719-5486**

2. Principal Place of Business
2946 N. Forsyth Rd
Suite, Apt. #, etc.

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



☒ CHECK HERE IF MAKING CHANGES

City & State
Winter Park, FL
Zip
32792 Country
USA

City & State
Zip
Country

4. FEI Number
26-0039670 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
**BRYAN, STEVE D
850 BIG BUCK CIRCLE
WINTER SPRINGS, FL 32708-5116**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when installing)

4/30/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRYAN, STEVE D P		NAME		
STREET ADDRESS	850 BIG BUCK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 327085116		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BRYAN, JEFF A V		NAME	Bryan, Jeff A V	
STREET ADDRESS	850 BIG BUCK CIRCLE		STREET ADDRESS	528 Georgetown Dr #8	
CITY-ST-ZIP	WINTER SPRINGS, FL 327085116		CITY-ST-ZIP	Casselberry, FL 32708	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FALLS, ALICIA S S		NAME		
STREET ADDRESS	850 BIG BUCK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS, FL 327085116		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

Daytime Phone #

CR2E034 (10/02)