

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2003 8:00 am
Secretary of State

03-04-2003 90068 005 ***150.00

DOCUMENT # P02000004533

1. Entity Name
GEMWAY & ASSOCIATES, INC.



Principal Place of Business
**7195 DEMEDICI CIR.
DELRAY BEACH FL 33446**

Mailing Address
**7195 DEMEDICI CIR.
DELRAY BEACH FL 33446**

906 SW St. Lucie West Blvd.



2. Principal Place of Business
461 Canoe Park Cir.
Suite, Apt. #, etc.

3. Mailing Address
461 Canoe Park Cir. #244
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Port St. Lucie FL
Zip
34983 Country

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Zip
34983 Country

4. FEI Number
80-0030466 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BROCKWAY, WILLIAM L
7195 DEMEDICI CIR.
DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent

Name
Marta Tihanyi
Street Address (P.O. Box Number is Not Acceptable)
461 Canoe Park Cir.
City
Port St. Lucie FL Zip Code
34983

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: **Marta Tihanyi** **Marta Tihanyi** **1-11-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	President William Brockway 461 Canoe Park Cir. Port St. Lucie FL 34983 <input checked="" 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Marta Tihanyi 461 Canoe Park Cir. Port St. Lucie FL 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIG Marta Tihanyi** **Marta Tihanyi** **1-11-03** **561-702-4238**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

M18720 AV

CR2E034 (10/02)