

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91767 003 ***150.00

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DOCUMENT # P02000055062

1. Entity Name

CLICK AWAY, INC.



Principal Place of Business

**9168 JACKSON AVE.
JACKSONVILLE FL 32208**

Mailing Address

**9168 JACKSON AVE.
JACKSONVILLE FL 32208**

2. Principal Place of Business

8008 LEM TURNER RD.

3. Mailing Address

P.O. Box 77357

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

13-4242370

Applied For

☐ Not Applicable

Zip

32208

Country

DUVAL

Zip

32206

Country

DUVAL

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**THE MCGOVERN GROUP, INC.
2237 RIVERSIDE AVE
JACKSONVILLE FL 32204**

7. Name and Address of New Registered Agent

Name

CARINA DENNEY

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

9168 JACKSON AVE.

City

JACKSONVILLE

FL

Zip Code

32208

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

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/28/03

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 **DENNEY, CARINA**
STREET ADDRESS **9168 JACKSON AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ Delete
NAME **DENNEY, ROBERT**
STREET ADDRESS **9168 JACKSON AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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

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NAME
STREET ADDRESS
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

4/28/03

DATE

9047645341

Daytime Phone #

CR2E034 (10/02)