

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046500

1. Entity Name

STATEWAY DEVELOPMENT CORP.

FILED

Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90187 043 ***150.00

Principal Place of Business

885 LIMPET DR
SANIBEL FL 33957

Mailing Address

885 LIMPET DR
SANIBEL FL 33957-3805

2. Principal Place of Business

2285 Genesca Lane

Suite, Apt. #, etc.

3. Mailing Address

2285 Genesca Lane

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Vero Beach, FL

City & State

Vero Beach, FL

4. FEI Number 16-0909117

Applied For
Not Applicable

Zip

32963

Country

Zip

32963

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANAVAN, ROBERT M
885 LIMPET DR
SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name John L. Scanlon, Jr.
Street Address (P.O. Box Number is Not Acceptable)
2285 Genesca Lane

City Vero Beach FL Zip Code 32963

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 true if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

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FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CANAVAN, ROBERT M
STREET ADDRESS 885 LIMPET DR
CITY-ST-ZIP SANIBEL FL 33957

☐ Change ☐ Add

TITLE VSTD
NAME SCANLON, JOHN L JR
STREET ADDRESS 2285 GENESA LN
CITY-ST-ZIP VERO BEACH FL 32963

☐ Change ☐ Add

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Block 12 if changed, 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 #