

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000046500

1. Entity Name

STATEWAY DEVELOPMENT CORP.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90055 049 ***150.00

Principal Place of Business

2285 GENESCA LN
VERO BEACH FL 32963

Mailing Address

2285 GENESCA LN
VERO BEACH FL 32963

2. Principal Place of Business

2285 GENESCA LN
Suite, Apt. #, etc.

3. Mailing Address

2285 GENESCA LN
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

Country

32963

Zip

Country

32963

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCANLON, JOHN L JR
2285 GENESCA LN
VERO BEACH FL 32963

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

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 ☒ Delete

TITLE PD
NAME SCANLON, JOHN L JR
STREET ADDRESS 2285 GENESCA LN
CITY-ST-ZIP VERO BEACH, FL 32963 ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 #

CR2E034 (10/00)