

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90022 045 \*\*\*150.00

DOCUMENT # **P94000086448**

1. Entity Name  
**E2 WAY, Inc.**

Principal Place of Business  
**3643 1<sup>ST</sup> AVE N.**  
**St. Petersburg, FL**  
**33713**

Mailing Address  
**1701 Luciana Cove**  
**Gautier, MS**  
**39553**

2. Principal Place of Business  
**3643 1<sup>ST</sup> AVE N**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1701 Luciana Cove**  
 Suite, Apt. #, etc.

City & State  
**St. Petersburg, FL**  
 Zip  
**33713**  
 Country  
**USA**

City & State  
**Gautier, MS**  
 Zip  
**39553**  
 Country  
**USA**

4. FEI Number  
**59-3291255**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**Kasaris, Daniel C ESQ.**  
**3643 1<sup>ST</sup> AVE N**  
**St. Petersburg, FL**  
**33713**

## 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.

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, 2000 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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D. LAY, ALVIN**  
**2641 Stallion Rd**  
**Cantonment, FL 32533**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D. Kasaris, Daniel C**  
**17352 Kennedy Drive**  
**N. Redington Beach, FL 33708**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D. LAY, Ginger**  
**3142 Runnymede Rd.**  
**Pensacola, FL 32504**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D. Kasaris, Daniel C**  
**549 John's PASS AVE**  
**Madeira Beach, FL 33708**  
☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D. LAY, Ginger**  
**1701 Luciana Cove**  
**Gautier, MS 39553**  
☒ Change ☐ Addition

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

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

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: **Virginia M. Lay**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-00** **228-5220645**  
 Date Daytime Phone #

CR2E034 (9/99)