

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90379 002 ***150.00

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DOCUMENT # P96000053619

1. Entity Name
FLOWAY, INCORPORATED



Principal Place of Business
5755 ARNOLD ZLOTOFF DR
ORLANDO FL 32821

Mailing Address
1226 E. COLONIAL DR #B
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

832 N. THORNTON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL 32803

Zip

Country

Zip

Country

32803

4. FEI Number 59-3383994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAI, HSAN-WANG
5755 ARNOLD ZLOTOFF DR
ORLANDO FL 32821

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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	PD	<input type="checkbox"/> Delete
NAME	HSAN-WONG, LAI	
STREET ADDRESS	5334 CENTRAL FL PKWY #272	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAI, HSAN-WONG, PRES. 430-03 407-898-7144

Date

Daytime Phone #

CR2E034 (10/02)