

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000044232****1. Entity Name**
YOUR WAY INDUSTRIES, INC.**Principal Place of Business****700 51ST STREET SOUTH
GULFPORT FL 33707****Mailing Address****700 51ST STREET SOUTH
GULFPORT FL 33707****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**BOWERS, MICHAEL
700 51ST STREET SOUTH
GULFPORT FL 33707****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, 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	BOWERS, MICHAEL	
STREET ADDRESS	12235 SUN VISTA COURT EAST	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALLET, MARGARET	
STREET ADDRESS	12235 SUN VISTA COURT EAST	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROHRER, KIRBY	
STREET ADDRESS	2621 UPTON STREET SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

MARGARET PALLET, VP GM

Date

Daytime Phone #

3-21-01 727-328-7821**FILED**
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90083 028 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)