

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000059404**

1. Entity Name

ON ITS WAY, INC.**FILED**
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90109 017 ***158.75

Principal Place of Business

**6640 20TH STREET
VERO BEACH FL 32966**

Mailing Address

**6640 20TH STREET
VERO BEACH FL 32966**

2. Principal Place of Business

8718 20th Street

3. Mailing Address

8718 20th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL4. FEI Number **65-0770846**

Applied For

Not Applicable

Zip

32966

Country

Indian River

Zip

32966

Country

Indian River

5. Certificate of Status Desired

X**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, J LEE
6640 20TH STREET
VERO BEACH FL 32966**

7. Name and Address of New Registered Agent

Name

JACKSON, J. LEE

Street Address (P.O. Box Number is Not Acceptable)

8718 20th Street

City

VERO BEACH**FL****32966**

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	JACKSON, COLEEN M	
STREET ADDRESS	5820 24TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, J. LEE	
STREET ADDRESS	5820 24TH STREET	
CITY-ST-ZIP	VERO BEACH FL 32966	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

Date

Daytime Phone #

J. LEE JACKSON V.P. 1/29/01 561-567-9408

CR2E034 (10/00)