2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088727

1. Entity Name

PATHWAYS INTERNATIONAL, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90084 034 ***150.00

Principal Place of Business 2350 BEDMAN CREEK DR ALVA FL 33920-9609		Mailing Address 2350 BEDMAN CREEK DR ALVA FL 33920-9609							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4.	4. FEI Number 59-3474487			oplied For	1
_ Zip	Country.	Zip	Country		<u></u>		No. 8.75 -Add	ot Applicable	}
.=.=.				5.	Certificate of Status Desired		ee Require		
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New F	legistered A	gent .		┦
JONES, S	HARON B		Inallie						
2350 BEDMAN CREEK DR		Street Address		dress (P.O. I	Box Number is Not Acceptable	∍)			ĺ
	33920-9609								1
	û		City			FL	Zip Code	e	1
B' Thombour	named entity submits this statement fo	ar the murrous of changing its re			neet as both in the Ctote of Cl				-
the obligat	named entity submits this statement id ions of registered agent.	or the purpose of changing its re	gistered office of f	egistered ag	gent, or both, in the State of Fit	onda. Tanita	miliar with,	and accept	
SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature	required when	reinstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Fit	nancina	¢E O	0	1
	· May 1, 2003 Fee will be \$550.00 · Payable to Florida Department of	f Ctoto			Trust Fund Contribution			0 May Be to Fees	
10	OFFICERS AND		11.		DDITIONS/CHANGES TO OFF	EICEDS AND	DIDECTOR	C INI 11	1
TITLE.	PDT	☐ Delete	TITLE		DDITIONS/CHANGES TO OFF		☐ Change	Addition	1 6
NAME	JONES, SHARON B	<u> </u>	NAME				s.rags		10/05
STREET ADDRESS	2350 BEDMAN CREEK DRIVE		STREET ADDRESS		1			ı	12
CITY-ST-ZIP	ALVA FL 33920-9690		CITY-ST-ZIP						ļ į
TITLE	VS LIONES DOMALD C	☐ Delete	TITLE		:		Change	Addition	8
name Street address :	JONES, DONALD C 2350 BEDMAN CREEK DRIVE		NAME STREET ADDRESS		i				
CITY-ST-ZIP	ALVA FL 33920-9609	en e como come come come esta esta esta esta esta esta esta est	CITY-ST-ZIP		 				
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CITY-ST-ZIP			CITY-ST-ZIP		!				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	ĺ
NAME			NAME						
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP						1
	certify that the information supplied with	this filing does not qualify for th		l in Section	119 07(3)(i) Florida Statutos	I further certif	v that the in	formation	ĺ
indicated	on this court or supplemental reservice	this and accordend that	signature shall be		In call affect as 3 ments are designed	. Januario Cortii	y a raculo III		1

2. I needy 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 eath; 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:

SHARON B. JONES

E OF SIGNING OFFICER OR DIRECTOR

61/12/03. 239/728-5379 Date Define Phone #