

Apr. 23, 2003 9:27AM

CUTHILL & EDDY LLP

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90074 019 ***150.00

DOCUMENT # **P98000076552**1. Entity Name
PLACEWAY, INC.Principal Place of Business
**8162 OAKLAND PLACE
ORLANDO FL 32819**Mailing Address
**8162 OAKLAND PLACE
ORLANDO FL 32819**

2. Principal Place of Business

4630 S. Kirkman Road

3. Mailing Address

4630 S. Kirkman Road

Suite, Apt. #, etc.

#150

Suite, Apt. #, etc.

#150

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32811

Country

Zip

32811

Country

4. FEI Number **59-3538348**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**EICHELBERGER, JOHN L.
8162 OAKLAND PLACE
ORLANDO FL 32819**

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. 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 THIS REPORT WITH THE SECRETARY 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 **D** ☐ Delete
NAME **EICHELBERGER, JOHN L.**
STREET ADDRESS **8162 OAKLAND PLACE**
CITY-ST-ZIP **ORLANDO FL 32819**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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: *John L. Eichelberger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 4079476443

Date

Daytime Phone #