

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91881 001 \*1,200.00

**DOCUMENT # P98000105655**

1. Entity Name  
**WESTWAY SERVICES, INC.**



Principal Place of Business  
**5818 MANATEE AVENUE WEST  
BRADENTON FL 34209**

Mailing Address  
**5303 14TH STREET WEST  
BRADENTON FL 34207**



2. Principal Place of Business

3. Mailing Address

**5818 MANATEE AVE W.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**BRADENTON FL**

4. FEI Number **65-0882939**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**34209**

**USA**

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

**PERRON, ANDRE R ESQ.  
OZARK & PERRON, P.A.  
2808 MANATEE AVENUE WEST  
BRADENTON FL 34205**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 **VS** ☐ Delete  
NAME **BEGLEY, FRED P**  
STREET ADDRESS **1811 78TH ST W**  
CITY-ST-ZIP **BRADENTON FL 34209**

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

TITLE **PT** ☐ Delete  
NAME **BEGLEY, ANTHONY J SR**  
STREET ADDRESS **6415 FORRESTER DR**  
CITY-ST-ZIP **BRADENTON FL 34202**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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)(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: **ANTHONY BEGLEY** **4-22-03** **941-812-6249**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)