

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063032

1. Entity Name

BRIDGEWAY INTERNATIONAL, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90021 037 \*\*\*163.75

Principal Place of Business

Mailing Address

665 VIA MEZNER #204  
NAPLES FL 34108

665 VIA MEZNER #204  
NAPLES FL 34108-6533

C0003114



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 LAUREL OAK DR.

3. Mailing Address

801 LAUREL OAK DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUNTRUST BLDG. SUITE 620

SUNTRUST BLDG. SUITE 620

City & State

City & State

NAPLES, FL

NAPLES, FL

Zip

Country

Zip

Country

34108

USA

34108

USA

4. FEI Number

59-3592290

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, STEVEN D  
665 VIA MEZNER #204  
NAPLES FL 34108

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TURNER, STEVEN D  
CITY-ST-ZIP 665 VIA MEZNER #204  
NAPLES FL 34108

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS DUCLAIR, JAMES F  
CITY-ST-ZIP 14160 LESLEY LANE  
SAN MARTIN CA 95046

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
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

STEVEN D. TURNER

Date

Daytime Phone #

1/6/00 941-596-838