

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90092 046 \*\*\*150.00

**DOCUMENT # P99000109847**

1. Entity Name  
**SIWANOY, INC.**

Principal Place of Business  
**225 OCEAN SHORE BLVD.**  
**ORMOND BEACH FL 32176**

Mailing Address  
**P.O. BOX 4273**  
**ORMOND BEACH FL 32175**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3690362**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLOWAY, GREG ESQ.**  
**2000 UNIVERSAL STUDIOS PLAZA**  
**BLDG. 32 STE. 601**  
**ORLANDO FL 32819**

*change of address only*

Name **Bree Galloway Esq % Motes & Carr**  
 Street Address (P.O. Box Number is not acceptable) **3751 MADUIRE BLVD**  
**Suite 104**  
 City **ORLANDO** FL **32803**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **PSD** ☐ Delete  
 NAME **MAZER, MATT**  
 STREET ADDRESS **225 OCEAN SHORE BLVD.**  
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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 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:

**W. J. H. C. REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/20/02 386 671 1108

CR2E034 (4/02)

Attachment

980281

P.O. Box 4273

Ormond Beach Fl 32175

99000109847

Siwanoy, Inc

September 11, 2002

Florida Department of State  
Division Of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee Fl 32303-1500

To Whom it May Concern:

Enclosed please find the Uniform Business Report and fee for Siwanoy, Inc.  
We did not receive the original form that was to be filed by May 1.

Upon calling the Department's assistance line, I was advised that apparently some corporations had not received their forms. As pertains to Siwanoy I was advised to, t complete the form we **did** receive, and enclose a check for the original \$150.00 filing fee.

Thank you for your assistance.

Sincerely,  
Matt Mazer  
President

