

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F42001**

1. Entity Name

JOHNNY'S ROAD BORING, INC.

Principal Place of Business

% ANN CASKEY
8202 US 98 NORTH
LAKELAND FL 33809

Mailing Address

% ANN CASKEY
8202 US 98 NORTH
LAKELAND FL 33809

2. Principal Place of Business

3. Mailing Address

P.O. Box 873

Suite, Apt. #, etc.

SC 45 Apt. #, etc.

City & State

Polk City, FL

Zip

Country

33868

USA

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90024 003 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2127639

Applied For

Not Applicable

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

CASKEY, THERESA ANN
6903 CONLEY DR
POLK CITY FL 33868

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CASKEY, JOHNNY RAY 6903 CONLEY DRIVE POLK CITY FL 33868	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CASKEY, THERESA ANN 6903 CONLEY DRIVE POLK CITY FL 33868	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Theresa Caskey*

Theresa Caskey

2/20/02 863-858-3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 19/01