

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-21-2004 90008 013 ***300.00
FILED F42001

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

94003988

REINSTATEMENT 03-04
DO NOT WRITE IN THIS SPACE

DOCUMENT # **F42001**

1. Entity Name
JOHNNY'S ROAD BORING, INC



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2. Principal Place of Business
8202 US 98 N
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 873
Suite, Apt. #, etc.

City & State
Lakeland, Florida

City & State
Polk City, Florida

Zip
33809 Country **USA**

Zip
33868 Country **USA**

4. FEI Number
59-2127639

Applied For
☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
Theresa Ann Caskey

Street Address (P.O. Box Number is Not Acceptable)
6903 Conley Drive

City
Polk City **FL** Zip Code
33868

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

January 1: May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV Johnny Ray Caskey 6903 Conley Drive 33868 Polk City, Florida	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Theresa Ann Caskey 6903 Conley Dr Polk City, Florida 33868	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Theresa Caskey* Theresa Caskey 1/15/04 863-559-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (12/02)