

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000005928**

1. Entity Name

ROAD MANAGER FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**7823 NATIONAL SERVICE RD
GREENSBORO NC 27409
US****P.O. BOX 26131
GREENSBORO NC 27402-6131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	CEOD									
	KOLLS, LES F	7823 NATIONAL SERVICE RD.	GREENSBORO NC 27409							
	D									
	ROY, STEPHEN D	7823 NATIONAL SERVICE RD.	GREENSBORO NC 27409							
	VS									
	DAVIDSON, TERESA D	7823 NATIONAL SERVICE RD.	GREENSBORO NC 27409							
	VT									
	PAQUIN, CHARLES R	7823 NATIONAL SERVICE RD.	GREENSBORO NC 27409							
	AS									
	HICKS, JANET	7823 NATIONAL SERVICE RD.	GREENSBORO NC 27409							
	D									
	SOMES, JANE H	7823 NATIONAL SERVICE RD.	GREENSBORO NC 27409							

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

JANET HICKS**3/8/00 (336) 931 4094**

Date Daytime Phone #

FILED**Mar 27, 2000 8:00 am
Secretary of State**

03-27-2000 90076 014 ***150.00

629887

DO NOT WRITE IN THIS SPACE