2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 26, 2000 8:00 am DOCUMENT # F98000003829 1. Entity Name Secretary of State ROADBIND AMERICA, INC. 05-26-2000 90088 018 ***150.00 Principal Place of Business Mailing Address 1201 US HIGHWAY ONE, SUITE 205 1201 US HIGHWAY ONE. SUITE 205 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408-3547 3. Mailing Address 2. Principal Place of Business Parkway 100 Voluo 00 Volvo tarkway DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 900 ಎ೦೦ Applied For City & State 4. FEI Number City & State 65-0788402 hesapealce Not Applicable Chesapeake Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 93390 USA <u>05</u>P Fee Required *33320* 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JANKE, GEORGE A Street Address (P.O. Box Number is Not Acceptable) 1201 US HIGHWAY ONE, SUITE 205 Lake shore NORTH PALM BEACH FL 33408 Prathouse 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PCT President Addition ☐ Change TITLE 🔀 Delete TITLE Jim Foshee JANKE, GEORGE A NAME NAME 100 Volvo Parkway # 200 1201 US HIGHWAY ONE, SUITE 205 STREET ADDRESS STREET ADDRESS Chesapeala VA 23320 CITY-ST-7IP CITY-ST-7IP **NORTH PALM BEACH FL 33408** Trecsurer/CFO **X**Delete TITLE Change TITLE Hichael klansck KROLL, JOSEPH S NAME NAME 1201 US HIGHWAY ONE, SUITE 205 1340 Sanjo Farm Drive STREET ADDRESS STREET ADDRESS Chescoente, VA 23320 CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 TITLE Secretary **▼** Addition Delete TITLE OWEN, ANN M--NAME Louis A. Isakoff NAME 977 Centerville Turnpike SHB202 Virginia Beach, VA23463 1201 US HIGHWAY ONE, SUITE 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 expowered.

Daytime Phone #