2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) H26995

DOCUMENT # 1. Entity Name

GAINESVILLE ROADRUNNER SERVICE, INC.



FILED Apr 18, 2003 8:00 am § Secretary of State

04-18-2003 90206 021 ***150.00

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				WEITE					
Principal Place of Business 7502 NE 39TH ST GAINESVILLE FL 32609		Mailing Address 7502 NE 39TH ST GAINESVILLE FL 32609			A MENINIA AND HAND BANKA TAK	T KOLOK OLKA BIGKA DIOKA	. 81811 918 11	81811 81814 18 81	
2. Principal Place of Business		3. Mailing Address			**				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		4	1. FEI Number 59-24699	66	→	pplied For ot Applicable	7
Zip Country		Zip	Zip Country		5. Certificate of Status Desired		3.75 Add e Require		
	-6.= Name and Address of Curren	nt Registered Agent		7	'. Name and Address of Nev	Registered Ag	ent] =
	ERBERT M.		Name		. Box Number is Not Accepta	nlo\]
	W 23RD AVE ILLE FL 32605		- Circuit	7.001000 (1.0					-
			City	,		FL	Zip Cod	le	
8. The above the obligat	named entity submits this statement in its of registered agent.	for the purpose of changing its	registered office	or registered	agent, or both, in the State of	Florida. I am fan	niliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Agent sigr	nature required whe	en reinstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of		•	·. •	9. Election Campaign Trust Fund Contribu	· · -		00 May Be d to Fees	
10.	OFFICERS AND	D DIRECTORS	11.		L ADDITIONS/CHANGES TO O	FEICERS AND D	IRECTOR	S IN 11	1
TITLE	PD	☐ Delete	TITLE			·· ···································	Change	Addition	হি
NAME	KEITH, ERIC EVERETT	5000	NAME			_	_		0
STREET ADDRESS	7502 NE 39TH ST		STREET ADDRESS	;					4
CITY-ST-ZIP	GAINESVILLE FL		CITY-ST-ZIP						
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NAME	KEITH, BRENDA SUE		NAME						١٠
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CITY-ST-ZIP			CITY-ST-ZIP		tion desire extraction according	and the second of the second o			T 4
12. I bereby o	ertify that the information supplied wit	th this filing does not qualify for t	the exemption of	ated in Section	n 119 07/3)(i) Elorida Statuto	L further certify	that the iv	oformation.	i

indicated on this report or supplied with this hilling does not quality 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.