

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90268 017 \*\*\*150.00

**DOCUMENT # L47827**

1. Entity Name  
**ROAD & TRACK LOGISTICS, INC.**



Principal Place of Business  
**1387 ASHLEY OAKS DR  
JACKSONVILLE BEACH FL 32250  
US**

Mailing Address  
**PO BOX 50427  
JACKSONVILLE FL 32240  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0174609**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~AUSTIN, RICHARD B.  
8390 N.W. 53RD STREET  
SUITE 300  
MIAMI FL 33186~~

Name  
~~KATHLEEN A. DEAL~~  
Street Address (P.O. Box Number is Not Acceptable)

**1387 ASHLEY OAKS DRIVE**  
City **JACKSONVILLE** FL Zip Code **32250**

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 Kathleen A Deal  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-13-03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME **PD**  
STREET ADDRESS **DEAL, H. WILLIAM**  
CITY-ST-ZIP **1387 ASHLEY OAKS DR  
JACKSONVILLE BEACH FL 32250**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VP- PD**  
STREET ADDRESS **DEAL, KATHLEEN A**  
CITY-ST-ZIP **1387 ASHLEY OAKS DR  
JACKSONVILLE BEACH FL 32250**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kathleen A Deal **REQUIRED** 01/27/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-247-2234  
Date Daytime Phone #

CR2E034 (10/02)