

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

03-05-2002 90103 006 ****61.25

DOCUMENT # N01000000776

1. Entity Name

ROADRAGEIQ, INC.

Principal Place of Business

4175 NW 7TH CT.
 DELRAY BCH FL 33445

Mailing Address

4175 NW 7TH CT.
 DELRAY BCH FL 33445

2. Principal Place of Business

4175 NW 7TH CT.
 Suite, Apt. #, etc.
 Delray Bch Fl.
 City & State
 33445

3. Mailing Address

4175 NW 7TH CT.
 Suite, Apt. #, etc.
 Delray Bch Fl.
 City & State
 33445



DO NOT WRITE IN THIS SPACE

24-36/5333
 4. FEI Number
 N01000006776

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SNIDER, MICHAEL P
 4175 NW 7TH CT.
 DELRAY BCH FL 33445

7. Name and Address of New Registered Agent

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 reappointing)

Feb 20/07
 DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	None Applicable other than			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Michael P. Snider			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Director / President			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	4175 NW 7TH CT.			
	Delray Bch Fl 33445			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Paul Snider			
	OFFICER			
	611 Ornd Rd. # 405			
	Clearwater Fl 33765			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Danna Snider			
	2707 Enterprise Rd E. H72			
	Clearwater Fl, 33765			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	OFFICER			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 20/02 727-799-1278
 Date Daytime Phone #

CR2E037 (9/01)