

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

DOCUMENT # P00000065862

1. Entity Name

ROADED TRUCKING, INC.

06-03-2002 91203 001 ***150.00

DO NOT WRITE IN THIS SPACE

00124300

2. Principal Place of Business

309 S. MAIN ST
Suite, Apt. #, etc.

3. Mailing Address

309 S. MAIN ST
Suite, Apt. #, etc.

40 PAMELA R. MCKINNEY, CPA

DO NOT WRITE IN THIS SPACE

City & State

Brooksville, FL

City & State

Brooksville, FL

4. FEI Number

59-3656696

Applied For

Not Applicable

Zip

34601

Country

USA

Zip

34601

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name PAMELA R. MCKINNEY, CPA

ON FILE ALREADY

Street Address (P.O. Box Number is Not Acceptable)

309 S MAIN ST

City

BROOKVILLE

FL

Zip Code

34601

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

Pamela R. McKinney, CPA

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

(NOT: Registered Agent Signature required when reinstating)

5/30/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1st - May 1st Fees \$150.00

After May 1st Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	DSTD
NAME	Stithner, Angel M.
STREET ADDRESS	309 S. MAIN ST
CITY-ST-ZIP	BROOKVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Angel M Stithner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/02

Date

352-544-5544

Daytime Phone #