

**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90125 033 \*\*\*150.00

DOCUMENT # P00000065862

1. Entity Name  
 ROADCO TRUCKING, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 309 S. MAIN ST  
 Suite, Apt. #, etc.

3. Mailing Address *40 PAMELA R. MCKINNEY, CPA*  
 309 S. MAIN ST  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Brooksville, FL  
 Zip  
 34601  
 Country  
 USA

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 Brooksville, FL  
 Zip  
 34601  
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4. FEI Number  
 59-3656696  
 Applied For  
 Not Applicable

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 *BROOKSVILLE* 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.

*2-11-03*  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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) Fee is \$150.00  
 After May 1st Fee is \$50.00  
 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	<i>DSTD</i>
NAME	<i>Stittner, Angel M.</i>
STREET ADDRESS	<i>309 S. MAIN ST</i>
CITY - ST - ZIP	<i>BROOKSVILLE, FL 34601</i>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
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 Stittner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-11-03*  
 Date  
*352-544-5544*  
 Daytime Phone #