

**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.

City & State  
 Brooksville, FL  
 Zip  
 34601  
 Country  
 USA

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

City & State  
 Brooksville, FL  
 Zip  
 34601  
 Country  
 USA

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 L. 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. (NOTE: Registered Agent signature required when reinstating)  
 DATE: 2-11-03

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	DSTD
NAME	Stittner, 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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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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  
 DATE: 2-11-03  
 DAYTIME PHONE #: 352-544-5544