

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087981

1. Entity Name  
**ON THE ROAD TRANSPORTATION, INC.**

Principal Place of Business  
**565 GOLDEN GATE POINT, APT 4  
SARASOTA FL 34236**

Mailing Address  
**565 GOLDEN GATE POINT, APT 4  
SARASOTA FL 34236**

2. Principal Place of Business  
**6023 26th Street West  
Suite, Apt. #, etc.  
#193**

3. Mailing Address  
**6023 26th Street West  
Suite, Apt. #, etc.  
#193**

City & State  
**Bradenton, FL**  
Zip  
**34207** Country  
**MAZATEC**

City & State  
**Bradenton, FL**  
Zip  
**34207** Country  
**MAZATEC**

4. FEI Number  
**65-1054825** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ROTH, MATTHEW  
565 GOLDEN GATE POINT, APT 4  
SARASOTA FL 34236**

## 7. Name and Address of New Registered Agent

Name  
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: *Matthew Roth* **President** **3-27-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PVD ROTH, MATTHEW 565 GOLDEN GATE POINT, APT 4 SARASOTA FL 34236</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Matthew Roth* **President** **3-27-01** **941-351-2600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90082 044 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)