## **FILED 2002 UNIFORM BUSINESS REPORT (UBR)** Sep 16, 2002 8:00 am Secretary of State P01000002538 **DOCUMENT#** 1. Entity Name 09-16-2002 90096 045 \*\*\*158.75 ROADSCAPE, INC. Principal Place of Business Mailing Address BU1385U3 1001 10 AVE WEST 1001 10 AVE WEST PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business Mailing Address PO"Box Suite, Apt. #, etc Suite, Apt. #, etc. ⇒ĐO:NOT:WRITEJN:THIS SPACE:~ 4. FEI Number 65-0965672 City & State City & State Applied For Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITTAKER, J ALLYN Street Address (P.O. Box Number is Not Acceptable) 1001 10 AVE WEST PALMETTO FL 34221 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! PEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT! F ☐ Delete TITLE ☐ Addition Whittaker J AWN 411 745 STIN #6 NAME WHITTAKER, J ALLYN NAME STREET ADDRESS 1001 10 AVE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ 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

STREET ADDRESS

CITY-ST-7IP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Kin Mataker REQUIRED

9/1/02 941-722-843

Attackment 20100000000538 TO Whom it may Concern Hello notice about my UBR This is the first year to file this, and you folks had my oud address, NOW I Know to file this In the future before may 1 st. T hope this TS not too lake. truly Just recreved this notice Lucking In time. Thenk-for President Roadscape