

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106079

1. Entity Name
ROADWAY WORKER TRAINING INC.

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90060 024 ***150.00

0036016 AV

Principal Place of Business
PO BOX 551099
JACKSONVILLE FL 32255

Mailing Address
PO BOX 551099
JACKSONVILLE FL 32255



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4700 Salisbury Rd

3. Mailing Address

Suite, Apt. #, etc.
Suite # 134

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

4. FEI Number
59-3754325

Applied For
Not Applicable

Zip
32256

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CASHWELL, JAMES L
8373 S COMPASS ROSE DR
JACKSONVILLE FL 32254 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
CROSAFO, PATSU J
308 E PATTERSON AVE
CONNELLSVILLE PA 15425 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CRISAFI, PATSY J
1991 Ryan Rd
CONNELLSVILLE PA 51802 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
HARTFORD, JOHN
PO BOX 500 N/A
PONTE VEDRA BEACH FL 32004 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/02

(904) 296-8088

CR2E034 (9/01)

Attachment 870326
Document # PO1000106079

Roadway Worker Training
P.O. Box 551099
Jacksonville FL 32255
(904) 296-8088 Office
(904) 493-6026 Fax

Roadway Worker Training Inc.
www.RRtrainers.com

June 17, 2002

Dear Sir

We are a newly formed Incorporation that was formed Nov. 1, 2001 and just recently received the Uniformed Business Report form. We did not realize that we needed to complete it, being we just filed in Nov. and thought everything was handled. We hired a CPA this year and I called him to tell him we had this form and he told us that this form was required to be filed so please accept this with our apology and payment of \$150.00.

Sincerely
Patsy J. Crisafi