

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90071 017 ***150.00

DOCUMENT # *PO1000106079*

1. Entity Name

Roadway Worker Training



DO NOT WRITE IN THIS SPACE

20000932

2. Principal Place of Business
4720 Salisbury Road

3. Mailing Address
PO Box 551099

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 134

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3754325

Applied For
Not Applicable

Zip
32256

Country
Duval

Zip
32256

Country
Duval

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Sally J. Kircher, P.A.

Street Address (P.O. Box Number is Not Acceptable)

One Independent Drive- Suite 3303

City
Jacksonville

FL

Zip Code
2202-5027

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

Sally J. Kircher

Sally J. Kircher, P.A.

January 2, 2002

Signature typed or printed name of registered agent and info if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
James L. Cashwell
8373 Compass Rose Drive S
Jacksonville, FL 32216

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *James L. Cashwell* James L. Cashwell -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 2, 2002

Date

Daytime Phone #

CR2E034B (12/02)