


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

04-14-2003 90404 050 ***150.00

| | |
|---|---|
| DOCUMENT # P02000127038 |  |
| 1. Entity Name FLORIDA ROAD DAWGS, INC. | |

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|---|---|
| Principal Place of Business 14606 LANCER ROAD BROOKSVILLE FL 34610 | Mailing Address 14606 LANCER ROAD BROOKSVILLE FL 34610 |
|---|---|

| | |
|---------------------------------------|---------------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



☐ CHECK HERE IF MAKING CHANGES

| | |
|---|--|
| 4. FEI Number 74-7881518 | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent SPENCE, MARK A 6400 MADISON STREET NEW PORT RICHEY FL 34652 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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. (NOTE: Registered Agent signature required when reinstating) DATE

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|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE President | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME William Sandner | | NAME | |
| STREET ADDRESS 14606 Lancer Rd. | | STREET ADDRESS | |
| CITY-ST-ZIP Brooksville, FL 34606 | | CITY-ST-ZIP | |
| TITLE Vice President | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Ray Haynes | | NAME | |
| STREET ADDRESS 14606 Lancer Rd | | STREET ADDRESS | |
| CITY-ST-ZIP Brooksville, FL 34606 | | CITY-ST-ZIP | |
| TITLE Treasurer | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Kurt Gail | | NAME | |
| STREET ADDRESS 14606 Lancer Rd. | | STREET ADDRESS | |
| CITY-ST-ZIP Brooksville, FL 34606 | | CITY-ST-ZIP | |
| TITLE Secretary | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Rocco Costa | | NAME | |
| STREET ADDRESS 14606 Lancer Rd. | | STREET ADDRESS | |
| CITY-ST-ZIP Brooksville, FL 34606 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Sandner **4/9/03 729 243 0575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone

CR2E034 (10/02)