## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # P28220** Feb 03, 2000 8:00 am **Secretary of State** ROLLINS TRANSPORTATION SYSTEMS, INC. 02-03-2000 90018 034 \*\*\*150.00 Mailing Address Principal Place of Business 2200 CONCORD PIKE 2200 CONCORD PIKE WILMINGTON DE 19803-2965 WILMINGTON DE 19803-2909 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 51-0280983 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE TITLE ☐ Delete MCCAUGHAN, JAMES W. NAME NAME STREET ADDRESS STREET ADDRESS 2200 CONCORD PIKE CITY-ST-ZIP CITY-ST-ZIP WILMINGTON DE ☐ Change ☐ Addition TITLE TITLE ☐ Delete PEET, J. CARLISLE, III NAME NAME STREET ADDRESS 2200 CONCORD PIKE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WILMONGTON DE Change\_ \_\_\_\_\_Addition Delete TITLE: TITLE CARLISLE, PEET J NAME NAME STREET ADDRESS STREET ADDRESS 2200 CONCORD PIKE CITY-ST-ZIP WILMINGTON DE CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/18/00

(302)426-2831