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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056986

1. Entity Name

ROADWEAR, INC.

FILED Jan 29, 2000 8:00 am Secretary of State

	,							01-	-29-2	2000 9	0104	040 **	**15	0.00		
Principal Place																
7280 W. PALME SUITE 305N BOCA RATON I	_	RD.	7280 W. PALMETTO PARK RD. SUITE 305N BOCA RATON FL 33433-3401						14	4 11)11 48)1		Bass Billing	Bure B	1114 18181 18	11 3 2 11) 1 33 1	
2. Principal P	Place of Busin	ness	3. Mailing Address													
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						7	тои ос	WRITE	IN THIS	S SPA	CE		
City & State	e		City & State				4. FE	l Number	•	5-043	2910				plied For	
Zip Country		Country	Zip		ntry		5 . Ce	ertificate o	of Stat	us Desi	red			.75 Add	fitional	
	₂6. Name	and Address of Current F	legistered Agent		· 1		7. Na	me and	Addre	ss of N	ew Re	gistered	Age	nt" :-		
					Name											
GOTTSEGEN, STANLEY D 2255 GLADES ROAD					Street Addres			(P.O. Box Number is Not Acceptable)								
	E 411-E A RATON I	El 32/21			{											
B 00	'A NATUR	FE 3040 I			City				_			F	L	Zip Cod	е	
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or	r registere	d ager	t, or both	, in th	e State	of Flori	da.				
			-			-										
SIGNATURE _	Signatura bused	or printed name of registered agent ar	(NOT)	E Dogistoro	ed Agent signat	ture required w	thon rein:	etatina)				DATE				
	Signature, typed	or printed hame of registered agent ar					nien tens									
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St			550.00	,	10. Elec Trus		Campaiç d Contri	,	_			0 May Be I to Fees	
11.		OFFICERS AND D	DIRECTORS	12.			ADD	ITIONS/0	CHAN	IGES TO	OFFIC	ERS AN	ID DII	RECTOR!	S IN 11	
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STREET ADDRESS 7280 W. PALMETTO PARK RD.,			SUITE 305N	STRI	EET ADDRESS	}										
CITY-ST-ZIP	BOCA RA	ATON FL 33433		-}	/-ST-ZIP	<u> </u>				 -						
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Street address City-St-Zip					eet address (-st-zip											
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indicated of the corp	certify that the on this reportion of the organization of the orga	or information supplied with it or supplemental report is the receiver or trustee empore active of with an address w	this filing does not qualify for true and accurate and that re- vered to execute this report the at other like empowered	ng signa as requi	amplion sta Iture shall h ired by Cha	nave the sa apter 607,	ame le Florida	gal effect Statutes	as if	made ur that my	nder oa name	utifier ci ith; that l appears	lam a in B	inatine in in officer ock 11 or	or director Block 12 i	