


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90356 001 ****50.00
06-12-2003 90356 002 ***100.00

DOCUMENT # P93000056986 

1. Entity Name
ROADWEAR, INC.

Principal Place of Business
%OTA ASSOCIATES, INC.
3711 NE 27TH AVENUE
LIGHTHOUSE POINT FL 33064

Mailing Address
%OTA ASSOCIATES, INC.
3711 NE 27TH AVENUE
LIGHTHOUSE POINT FL 33064


2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

33047386



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0432910** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
ANGELA CRESCENZO D
C/O ASSOCIATES INC
3711 NE 27TH AVE
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent
Angela DiCrescenzo
C/O QTA ASSOCIATES
3170 N. FEDERAL HWY #103H
LIGHTHOUSE PT FL 33064

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 Angela DiCrescenzo CPA DATE 1/6/03

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
After May 1, 2003 Fee will be \$550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D7PS HOFFMAN, WILLIAM A 7280 W. PALMETTO PARK RD., SUITE 305N BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT BURMEISTER, GEORGE 7280 W. PALMETTO PARK RD., SUITE 305N BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, E.H. 7280 W. PALMETTO PARK RD., SUITE 305N BOCA RATON FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William A Hoffman DATE 1/8/03 DAYTIME PHONE # 954-782-4560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)