## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 03, 2002 8:00 am Secretary of State

UNIFORM BUSINESS REPORT	(UBR)	Secretary of State
DOCUMENT #	,	06-03-2002 91205 006 ***150.00
1. Entity Name Tri-STATE Roadway Specialties, Inc.		1
Occasion of the	\ .	
P93000085834	N.	
	<del>,</del>	
DO NOT WRITE IN THIS SPACE		
	,	B0124436
Principal Place of Business     3. Mailing Address	01	, -
21799 NE OVERHOLT RL. 21799 NE OVE	Rholt Rd	
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State City & State	~ .	4. FEI Number Applied For
Dlountstown, Fl Blountstown,	<i>}-1</i>	59-3146343 Not Applicable
32424 Calhoun 32424	Calhour	5. Certificate of Status Desired \$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent
DO MOTIMBITE		1004 L. Overhoit
DO NOT WRITE	Street Add	ress (F.O. Box Number is Not Acceptable)
IN THIS SPACE	Q1/1	1702 DATICUOTI ICA
	City	<b>₽I</b> Zin Code
	Blow	ntstown, FL Zip Code 3 auzy
3. The above named entity submits this statement for the purpose of changing its re	egistered office or re	gistered agent, or both, in the State of Florida.
S. Dushort Loca L. Ou	erholt n	resident 5/31/02
SIGNATURE Signature, type dor printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signatule r	required when reinstating)  DATE
	y 1 Fee is \$150.0	
(See criteria on back)  Amended	, Fee is \$550.00 UBR is \$61.25	Trust Fund Contribution. Added to Fees
Make Check Payable  11. OFFICERS AND DIRECTORS	s to Department o	f State
President, V., T., S., D.	TITLE	
LARRY L. Overholt pd	NAME	
<del>-</del>	STREET ADDRESS CITY-ST-ZIP	
itte Blountstown, Fl 32424	TITLE	
NAME	NAME	
STREET ADDRESS	STREET ADDRESS	5
CITY-ST-ZIP	CITY-ST-ZIP	
ITLE (	TITLE NAME	
TREET ADDRESS	STREET ADDRESS	DO NOT WRITE
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ITLE	TITLE NAME	IN THIS SPACE
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пце	TITLE	
IAME	NAME	
itreet address hty-st-zip	STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE

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