

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

5/1

05-01-2003 90772 021 \*\*\*150.00

**DOCUMENT # P94000043479**

1. Entity Name  
**ROADRUNNERS, INC.**



Principal Place of Business  
**199 E. BURGESS ROAD  
PENSACOLA FL 32503**

Mailing Address  
**199 E. BURGESS ROAD  
PENSACOLA FL 32503**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3249650**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARY G RUSSELL  
6943 CABRAL ST  
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name **CAROLYN L. WHITED**  
Street Address (P.O. Box Number is Not Acceptable)  
**199 E. BURGESS RD  
PENSACOLA FL 32503**  
City **FL** Zip Code **32503**

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

*Carolyn L. Whited*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WHITED, CAROLYN L. 199 E. BURGESS ROAD PENSACOLA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP RUSSELL, LAWRENCE E. JR. 6943 CABRAL STREET PENSACOLA FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S RUSSELL, MARY G. 6943 CABRAL STREET PENSACOLA FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DEBORAH HOLLAND</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5476 Soundside Dr Gulf Breeze, FL 32563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CAROLYN WHITED</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>199 E. Burgess Rd Pensacola, FL 32503</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DEBORAH HOLLAND</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5476 Soundside Dr Gulf Breeze, FL 32563</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**SIGNATURE REQUIRED**

*Carolyn L. Whited, Pres* 5/24/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)