

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008986

1. Entity Name

TOLLROAD CORPORATION OF AMERICA, INC.

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90010 025 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
455 FAIRWAY DRIVE SUITE 103 DEERFIELD BEACH FL 33441	455 FAIRWAY DRIVE SUITE 103 DEERFIELD BEACH FL 33441-1804

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	65-0586514	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MILLER, CRAIG N 455 FAIRWAY DRIVE SUITE 103 DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing 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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 DIRECTOR

N. CRAIG MILLER

Date

2/1/00 954 427 6675

Daytime Phone #

CR2E034 (9/99)