

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90503 025 ***150.00

DOCUMENT # P95000097203
1. Entity Name
ROADSIDE RELICS, INC ✓

671132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1534 NW 53rd Ave
Suite, Apt. #, etc.

3. Mailing Address
8905 SW 113rd Terrace
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Gainesville FL
Zip 32653 Country

City & State Gainesville FL
Zip 32608 Country

4. FEI Number 59-3351541 Applied For Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Brannan, Sharon C.
Street Address (P.O. Box Number is Not Acceptable) 116 NE 6th Avenue
City Williston FL Zip Code 32696

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	WITT, SHARYL K. 8905 SW 113 th TERRACE GAINESVILLE, FL 32608
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharyl K Witt* Sharyl K Witt 4/25/02 (352)495-3652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)