2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State
08-07-2002 90199 008 ***550.00

DOCUMENT # P97000003268

1. Entity Name
RIGHT-OF-WAY, INC.

Principal Place of Business	Mailing Address
108 LOS CEDROS DRIVE PO BOX ~~756~~ 751 ANNA MARIA ISLAND FL 34216	~~108 LOS CEDROS DRIVE~~ ~~PO BOX 756~~ ~~ANNA MARIA ISLAND FL 34216~~

2. Principal Place of Business	3. Mailing Address
5802 Flotilla DR.	P.O. Box 751
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holmes Bch, FL	City & State: ANNA MARIA FL
Zip: 34217 Country: MANATEE	Zip: 34216 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0728034 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUMLIN, DONNA ~~108 LOS CEDROS DRIVE~~ ~~PO BOX 756~~ ~~ANNA MARIA ISLAND FL 34216~~ 5802 Flotilla DR. Holmes Beach, FL 34217 PO Box 751 Anna Maria, FL 34216	Name: DONNA SUMLIN Street Address (P.O. Box Number is Not Acceptable): 5802 Flotilla DR. City: Holmes Beach FL Zip Code: 34217

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 $550.00
After September 13, 2002 Fee will be $750.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUMLIN, DONNA 108 LOS CEDROS DRIVE/BOX 756 ANNA MARIA ISLAND FL 34216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Donna Sumlin REQUIRED — 8/5/02 — 941-779-0334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (4/02)