FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am Secretary of State DOCUMENT # P97000082382 1. Entity Name 04-22-2002 90334 039 ***158.75 ROADMASTER DRIVERS SCHOOL OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 5411 WEST TYSON AVENUE ... 5411 WEST TYSON AVENUE **TAMPA FL 33611** TAMPA FL 33611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3477475 Not Applicabl Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEARNEY, JOHN E SR Street Address (P.O. Box Number is Not Acceptable) **5411 WEST TYSON AVENUE TAMPA FL 33611** City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CD ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME TOMION, JON C NAME STREET ADDRÉSS 8310 W GULF BLVD STREET ADDRESS CITY-ST-ZIP TRASURE ISLAND FL CITY-ST-ZIP TITLE **PCEO** ☐ Delete TITLE -☐ Change NAME MCCLOY, ALFRED A NAME STREET ADDRESS 5411 W TYSON AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE **VPAD** Change ☐ Addition NAME KEARNEY, JOHN E JR NAME < Ocletc the A) STREET ADDRESS STREET ADDRESS 5411 W TYSON AVE CITY-ST-ZIP CITY-ST-ZIP <u>TAMPA</u> FL 33611 TITLE vPA ☐ Delete TITLE ☐ Change ✓ Addition NAME MCCLOY, ALFRED G NAME STREET ADDRESS 5411 W TYSON AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33611 DYC STUP DCVS ☐ Delete TITLE X Change **X**Addition Kearney, John E NAME STREET ADDRESS STREET ADDRESS 5411 WEST TYSON AVENUE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33611 TITLE عرااا **X** Change ☐ Addition Delete O Calc NAME MCCLOY, ALFRED A NAME STREET ADDRESS STREET ADDRESS 5411 W TYSON AVE CITY-ST-ZIP TAMPA FL CITY-ST-ZIP

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:

727-12005/5