

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90345 013 ***158.75

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1. Entity Name

ROADMASTER DRIVERS SCHOOL OF JACKSONVILLE, INC.



Principal Place of Business

**5411 WEST TYSON AVENUE
TAMPA FL 33611**

Mailing Address

**5411 WEST TYSON AVENUE
TAMPA FL 33611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3477475

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEARNEY, JOHN E SR
5411 WEST TYSON AVENUE
TAMPA FL 33611**

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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TOMION, JON C 8310 W GULF BLVD TRASURE ISLAND FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MCCLOY, ALFRED A 5411 W TYSON AVE TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KEARNEY, JOHN E JR 5411 W TYSON AVE TAMPA FL 33611	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPA MCCLOY, ALFRED G 5411 W TYSON AVE TAMPA FL 33611	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST KEARNEY, JOHN E 5411 WEST TYSON AVENUE TAMPA FL 33611	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete CEO Add D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Add S/T	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Add CEO/AS/AT Delete V/S/T	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2003

813-831-4490

Date

Daytime Phone #

CR2E034 (10/02)