

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90326 025 ***150.00

DOCUMENT # P97000088876

1. Entity Name

ROADRUNNER DEFENSIVE DRIVING SCHOOL, INC.

Principal Place of Business

Mailing Address

200 MCCLURE DR
 GULF BREEZE FL 32561
 US

200 MCCLURE DR
 GULF BREEZE FL 32561-4434
 US

2. Principal Place of Business

910 South 8th Street

3. Mailing Address

P.O. Box 15634

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100A

City & State

City & State

Fernandina Beach, FL

Zip

Country

Zip

Country

32034

US

32035

US

4. FEI Number

59-3476435

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

TAYLOR, JOHN
 200 MCCLURE DR
 GULF BREEZE FL 32561

Name

Deborah Broughton

Street Address (P.O. Box Number is Not Acceptable)

5336 Florence Point Drive

City

Amelia Island

FL

Zip Code

32034

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

Deborah M Broughton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/1/2000

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

TITLE **PD** ☒ Delete
 NAME **TAYLOR, A A**
 STREET ADDRESS **422 FT PICKENS RD**
 CITY-ST-ZIP **PENSACOLA BCH FL 32561**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **BROUGHTON, D B**
 STREET ADDRESS **5336 FLORENCE POINT DR**
 CITY-ST-ZIP **FERNANDINA BCH FL 32034**

TITLE **P/T/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **BROUGHTON, D M**
 STREET ADDRESS **5336 FLORENCE POINT DR**
 CITY-ST-ZIP **FERNANDINA BCH FL 32034**

TITLE **V/S/D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☒ Delete
 NAME **TAYLOR, J J**
 STREET ADDRESS **422 FT PICKENS RD**
 CITY-ST-ZIP **PENSACOLA BCH FL 32561**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Deborah M Broughton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/2000

Date

904-261-8467

Daytime Phone #

CR2E034 (9/99)