

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088876

1. Entity Name
ROADRUNNER DEFENSIVE DRIVING SCHOOL, INC.

Principal Place of Business
910 S 8TH ST
104
FERNANDINA BEACH FL 32034
US

Mailing Address
PO BOX 15634
FERNANDINA BEACH FL 32035
US

2. Principal Place of Business
716 S 8th ST.
Suite, Apt. #, etc.
SUITE A
City & State
FERNANDINA BEACH FL
Zip 32034 Country U.S.A.

3. Mailing Address
Suite, Apt. #, etc.

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
BROUGHTON, DEBORAH
5336 FLORENCE POINT DR
AMELIA ISLAND FL 32034

7. Name and Address of New Registered Agent
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.

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 \$150.00 After May 1, 2002 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	NAME	TITLE	NAME
PTD	BROUGHTON, D B	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5336 FLORENCE POINT DR		
CITY-ST-ZIP	FERNANDINA BCH FL 32034		
PTD	BROUGHTON, D M	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5336 FLORENCE POINT DR		
CITY-ST-ZIP	FERNANDINA BCH FL 32034		
PTD		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			
PTD		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP			
PTD		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
PTD		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DAVID B. BROUGHTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90355 042 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

4-22-02

904-261-8467

Daytime Phone #