

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90188 036 ***150.00

DOCUMENT # P98000067073

1. Entity Name
ROUTE 44, INC.

Principal Place of Business
223 CANAL STREET
NEW SMYRNA BEACH FL 32168

Mailing Address
223 CANAL STREET
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business
100 EAST CIRCLE
 Suite, Apt. #, etc.
100 East Circle

3. Mailing Address
100 East Circle
 Suite, Apt. #, etc.

City & State
New Smyrna Beach, FL
 Zip
32169
 Country
USA

City & State
New Smyrna Beach, FL
 Zip
32169
 Country
USA

4. FEI Number **59-3523692**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ALLEN, ROBERT
650 WILLESLEY COURT
NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent

Name **Allen Robert E.**
 Street Address (P.O. Box Number is Not Acceptable)
100 East Circle
 City **New Smyrna Beach FL** Zip Code **32169**

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 **ROBERT E. ALLEN** *Robert E. Allen* **2/20/02**
 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

TITLE **PD** ☐ Delete
 NAME **WILEY, ROBERT W**
 STREET ADDRESS **223 CANAL STREET**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **TSD** ☐ Delete
 NAME **ALLEN, ROBERT E**
 STREET ADDRESS **650 WELLESLEY COURT**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Wiley, Robert W.**
 STREET ADDRESS **100 East Circle**
 CITY-ST-ZIP **New Smyrna Beach, FL 32169**

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

TITLE ☐ Change ☐ Addition
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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: *Robert E. Allen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/20/02** Daytime Phone # **386 690 9200**

CR2E034 (9/01)