

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085237

1. Entity Name  
ROADS, INC. OF NWF

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90100 002 \*\*\*150.00

Principal Place of Business  
121 PALAFOX PLACE, STE.C  
PENSACOLA FL 32501

Mailing Address  
121 PALAFOX PLACE, STE.C  
PENSACOLA FL 32501-5635



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5962 Commerce Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
5962 Commerce Rd.  
Suite, Apt. #, etc.

City & State  
Milton, FL

City & State  
Milton, FL

Zip 32583 Country

Zip 32583 Country

4. FEI Number  
59-3598732

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
JOHNSON, DARRIN  
140 LURTON STREET  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
5962 Commerce Rd.  
City Milton FL Zip Code 32583

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 *Darrin J. Johnson* Darrin J. Johnson Sec./Treas. 4-27-00  
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *DARRIN J. JOHNSON* Darrin J. Johnson Sec./Treas. 4-27-00 850-626-8985  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)