

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90115 010 \*\*\*158.75

03/07/03  
FP

**DOCUMENT # P99000085237**

1. Entity Name  
**ROADS, INC. OF NWF**



Principal Place of Business  
**5983 COMMERCE ROAD  
MILTON FL 32583**

Mailing Address  
**5983 CONNERCE ROAD  
MILTON FL 32583**



2. Principal Place of Business

3. Mailing Address

**5983 Commerce Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State  
**Milton FL**

4. FEI Number **59-3598732**

Applied For  
 Not Applicable

Zip Country

Zip Country  
**32583 USA**

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

**JOHNSON, DARRIN  
5983 COMMERCE ROAD  
MILTON FL 32583**

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 **Sec/Treas**

**1-30-03**

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	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>HELMS, CRAIG</b>
STREET ADDRESS	<b>5983 COMMERCE ROAD</b>
CITY-ST-ZIP	<b>MILTON FL 32583</b>
TITLE	<b>ST</b> <input type="checkbox"/> Delete
NAME	<b>JOHNSON, DARRIN J</b>
STREET ADDRESS	<b>5983 COMMERCE ROAD</b>
CITY-ST-ZIP	<b>MILTON FL 32583</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>RAWSON, CODY</b>
STREET ADDRESS	<b>5983 COMMERCE ROAD</b>
CITY-ST-ZIP	<b>MILTON FL 32583</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Sec/Treas**

**1-30-03** **850-626-8985**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)