MAR-31-2003 08:36 AM CATA BELI 26:

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Jul 11, 2003 8:00 am
Secretary of State
06-09-2003 90122 013 ***150.00
07-11-2003 90051 033 ***400.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093607

1. Entity Name
2 FOR THE ROAD, INC.

Principal Place of Business	Mailing Address
1100 6TH AVE S	1100 6TH AVE S
5	5
NAPLES, FL 34102 US	NAPLES, FL 34102 US

[redacted]

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
378 13th ave S.	378 13th Ave S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples Fl.	City & State: Naples Fl.
Zip: 34102 Country: USA	Zip: 34102 Country: USA

4. FEI Number 65-0978732 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
ACKROYD, LYN PAYSON
215 BURNING TREE DRIVE
NAPLES, FL 34105

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Date

9. Election Campaign Financing Trust Fund Contribution. $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	Delete
NAME	LINDQUIST, PHILIP V	
STREET ADDRESS	6141 BRIXITO CT	
CITY-ST-ZIP	NAPLES, FL 34104	
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		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/02)

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: Philip V. Lindquist — 5.9.03 — 239 643-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #