

2001 UNIFORM BUSINESS REPORT (UBR)

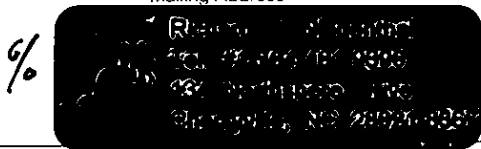
FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90040 046 ***158.75

DOCUMENT # 845868

1. Entity Name
RIDECO, INC.

Principal Place of Business
C/O J.A. NIEDENTHAL, PRESIDENT
3955 NORTHWEST 103RD DR.
CORAL SPGS FL 33065

Mailing Address



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **74-1686666**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

NIEDENTHAL, RICHARD F.
5310 ALLIGATOR LAKE ROAD
ST CLOUD FL 34772

Name **G. Michael Niedenthal**
 Street Address (P.O. Box Number is Not Acceptable)
703 N. Laxon Avenue
 City **Kissimmee** FL Zip Code **34741**

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.

*** Gerald Michael Niedenthal**
 SIGNATURE **Gerald M. Niedenthal Secretary-Director**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9 April, 2001
 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, 2001 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 **PD** ☐ Delete
 NAME **NIEDENTHAL, JOHN A.**
 STREET ADDRESS **3955 NW 103RD DR**
 CITY-ST-ZIP **CORAL SPGS FL 33065**

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

TITLE **VTD** ☐ Delete
 NAME **NIEDENTHAL, RICHARD F**
 STREET ADDRESS **5310 ALLIGATOR LAKE ROAD**
 CITY-ST-ZIP **ST CLOUD FL 34772**

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

TITLE **SD** ☐ Delete
 NAME **NIEDENTHAL, MICHAEL G**
 STREET ADDRESS **703 LAXON AVE.**
 CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **703 N. Laxon Avenue**
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **KRUTHAUP, SUZANN E.**
 STREET ADDRESS **142 SW 24TH AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33312**

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

TITLE **D** ☐ Delete
 NAME **NIEDENTHAL, WILLIAM J.**
 STREET ADDRESS **205 MARSHQUAY**
 CITY-ST-ZIP **CHESAPEAKE VA 23320**

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

TITLE **D** ☐ Delete
 NAME **NEIDLINGER, NICOLET**
 STREET ADDRESS **6341 NE 19TH TER**
 CITY-ST-ZIP **FT LAUDERDALE FL 33308**

TITLE ☐ Change ☐ Addition
 NAME
 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: **Richard F. Niedenthal**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 April, 01 **1-704-481-9390**
 Date Daytime Phone #

CR2E034 (10/00)