2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mar 10, 2003 8:00 am Secretary of State DOCUMENT # 845868 1. Entity Name 03-10-2003 90783 004 ***158.75 RIDECO, INC. Principal Place of Business Mailing Address C/O J.A. NIEDENTHAL, PRESIDENT C/O RF NIEDENTHAL 3955 NORTHWEST 103RD DR. 134 NORTHSHORE DRIVE CORAL SPGS FL 33065 CHERRYVILLE NC 28021-8367 2. Principal Place of Business 3. Mailing Address oM.G. Niedenthal Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 74-1686666 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Osceola 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NIEDENTHAL, MICHAEL G Street Address (P.O. Box Number is Not Acceptable) 703 NBARONAY Gavon Avenue KISSIMMEE FL 34741 City 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, 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITI F CR2E034 (10/02) Addition NIEDENTHAL, JOHN A. Deceased NAME Niedenthal, michael & NAME STREET ADDRESS 3955 NW 103RD DR STREET ADDRESS 703 N. Lavon Avenue 18 Dec., 2002 CITY-ST-ZIP CITY-ST-ZIP CORAL SPGS FL 33065 K1551mmee, F1 34741 TITLE ☐ Delete TITLE VTD NAME NIEDENTHAL, RICHARD F STREET ADDRESS STREET ADDRESS 134 NORTHSHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP CHERRYVILLE NC 28021-8367 TITLE_ Delete TITLE Niedenthal, Anita K NAME NAME NIEDENTHAL, MICHAEL G STREET ADDRESS STREET ADDRESS 3955 NW. 10300 Drive 703 N LAVON AVENUE CITY-ST-ZIP CITY-ST-ZIP Coral Springs, Fla 33065 KISSIMMEE FL 34741 TITLE ☐ Delete TITLE NAME NAME KRUTHAUPT, SUZANN E. STREET ADDRESS STREET ADDRESS 142 SW 24TH AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 TITLE ☐ Delete TITLE 5.D. ☐ Addition NAME NAME NIEDENTHAL, WILLIAM J. STREET ADDRESS STREET ADDRESS 205 MARSHQUAY CITY-ST-ZIP CITY-ST-ZIP CHESAPEAKE VA 23320 TITLE ☐ Delete TITLE Addition Change NAME NAME **NEIDLINGER, NICOLET** STREET ADDRESS STREET ADDRESS 6341 NE 19TH TER CITY-ST-7IP FT LAUDERDALE FL 33308 CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

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D. 7 March 03 704.481-9390

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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver of the corporation of 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 in the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corpora

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