2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State
04-12-2000 90180 005 ***158.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # G62927

1. Entity Name
READY TO GO, INC.

Principal Place of Business	Mailing Address
12864 BISCAYNE BLVD. SUITE 105 N. MIAMI FL 33181	12864 BISCAYNE BLVD. SUITE 105 N. MIAMI FL 33181-2007

2. Principal Place of Business	3. Mailing Address
660 OLeaNDer Dr.	660 OLeANDer Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HALLANdALe FL.	City & State: HALLAHDALe FL.
Zip: 33009 Country:	Zip: 33009 Country:

4. FEI Number 59-2416759 ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

CHURBA, DAVID
~~12864 BISCAYNE BLVD.~~
~~STE. 105~~
~~NO MIAMI FL 33181~~
660 OLeANDer Dr.
HALLANDALe, FL.
33009

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 660 OLeANDer Drive
City HALLANDALe FL Zip Code 33009

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 David Churba   4/04/00
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	P CHURBA DAVID 12864 BISCAYNE BLVD.#105 N. MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 660 OLeANDer Dr. HALLANDALe, FL. 33009
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CR2E034 (9/99)

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: David Churba   4/04/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #