

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-09-2002 90386 001 *****8.75
 07-09-2002 90386 002 ***550.00

DOCUMENT # P01000066419

1. Entity Name
AMERIDRY, INC.

Principal Place of Business Mailing Address
~~13905 EAGLE RIDGE DRIVE APT 1722~~ ~~13905 EAGLE RIDGE DRIVE APT 1722~~
~~FT MYERS FL 33912~~ ~~FT MYERS FL 33912~~

new add.
 ↓

39967



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1123 Cape Coral Pkwy W. **P.O. Box 152316**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Cape Coral, FL **Cape Coral, FL**
 Zip Country Zip Country
33914 **USA** **33915** **USA**

4. FEI Number Applied For
65-1118673 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required *encl.*

6. Name and Address of Current Registered Agent

MOR, OFER
~~13905 EAGLE RIDGE DRIVE APT 1722~~ *new add. →*
~~FT MYERS FL 33912~~

7. Name and Address of New Registered Agent

Name **Ofer Mor (same)**
 Street Address (P.O. Box Number is Not Acceptable)
1123 Cape Coral Pkwy. W.
 City State Zip Code
Cape Coral **FL** **33914**

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 *7/4/02*
Signature, typed or printed name of registered agent and fee 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<i>Owner</i>			
	<i>Ofer Mor</i>			
	<i>1123 Cape Coral Pkwy W</i>			
	<i>Cape Coral FL</i>		<i>33914</i>	
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (4/02)

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 540-3379 7/4/02

Date Daytime Phone #