I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TIMOTHY ROBINSON

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N1300000207 Entity Name: OPERATION-RIDE, INC.

## **Current Principal Place of Business:**

4632 ROYAL BIRKDALE WAY WESLEY CHAPEL. FL 33543

### **Current Mailing Address:**

4632 ROYAL BIRKDALE WAY WESLEY CHAPEL. FL 33543

### FEI Number: 46-1724926

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ROBINSON, TIM 8401 LAGERFELD DR. LAND O LAKES, FL 34637 US

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:

Officer/Director Detail :			
Title	DCEO	Title	ST
Name	MATRISCIANO, JAMES A	Name	ROBINSON, TIMOTHY B
Address	4632 ROYAL BIRKDALE WAY	Address	8401 LAGERFIELD DRIVE
City-State-Zip:	WESLEY CHAPEL FL 33543	City-State-Zip:	LAND O LAKES FL 34637
Title	VP		
The	VP		
Name	BLACK, CHRISTOPHER		
Address	8115 SHANK HESS ROAD		
City-State-Zip:	WAYNESBORO PA 17268		

Certificate of Status Desired: No

FILED Apr 13, 2014 Secretary of State CC6354510447

Date

TREASURER

# 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

04/13/2014

Date