

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 25, 2003 8:00 am**  
**Secretary of State**

09-25-2003 90039 002 \*\*\*\*\*50.00

**DOCUMENT # L02000007170**

1. Entity Name  
**I RIDE 2, LLC**



Principal Place of Business  
**2545 ROSEDOWN DRIVE  
CANTONMENT FL 32533**

Mailing Address  
**PO BOX 673  
CANTONMENT FL 32533**

**90158599**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**2545 Rosedown dr.**

3. Mailing Address

**P.O. Box 673**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Cantonment, Florida**

City & State

**Cantonment, Florida**

4. FEI Number

**32-0063122**

Applied For

Not Applicable

Zip

Country

**32533 Escambia**

Zip

Country

**32533 Escambia**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOOKE, CURTIS R  
2545 ROSEDOWN DRIVE  
CANTONMENT FL 32533**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **HOOKE, CURTIS R**  
STREET ADDRESS **2545 ROSEDOWN DRIVE**  
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **MGR** ☐ Delete  
NAME **HOOKE, PATRICIA A**  
STREET ADDRESS **2545 ROSEDOWN DRIVE**  
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Curtis R. Hooks**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**9/19/03 850-928-3792**

Date

Daytime Phone #

CR20083 (4/03)

Attachment

Untitled

09/19/03

90158599  
#102000007100

to whom it may concern:

These are the first notices that I have recieved concerning these fees. I have been having problems with my mail. Please send all correspondence to P. O. Box 673 Cantonment Florida 32533.

Enclosed you will find the forms and fees that I was told to send by one of your agents on yesterday.

Thanks in advance for your cooperation.

Curtis R. Hooks