2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0100000748

Entity Name: TRU-RYDERS MOTORCYCLE CLUB OF JACKSONVILLE, INC.

FILED Apr 28, 2003 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 11507 KEY BISCAYNE DR. JACKSONVILLE, FL 32218 **Current Mailing Address: New Mailing Address:** P.O. BOX 11542 JACKSONVILLE, FL 322391542 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TERRY, COLAVITO L 11507 KEY BISCAYNE DR. JACKSONVILLE, FL 32218 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete TERRY, COLAVITO L Name: Name: 11507 KEY BISCAYNE DR. Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition WATERS, THOMAS K Name: WATERS, THOMAS K Name: Address: 11507 KEY BISCAYNE DR. Address: 3035 PRESERVE LANDING DR City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32226 Title: () Delete Title: () Change () Addition SALTER, MARVIN Name: Name: 2623 MOOREFIELD LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: (X) Change () Addition Title: TD () Delete Title: TD Name: DUKES, DERON Name: DUKES, DERON 2343 ISLAND SHORES DR. S. 5900 TOWNSEND RD #431 Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: JACKSONVILLE, FL 32244 Title: Title: () Delete () Change () Addition JOHNSON, LAWRENCE Name: Name: 7681 SPRING BRANCH ST. Address: Address: City-St-Zip: JACKSONVILLE, FL 32211 City-St-Zip: Title: () Delete Title: (X) Change () Addition WATERS, THOMAS K WATERS, THOMAS K Name: Name: Address: 5885 EDENFIELD RD., APT. B22 Address: 3035 PRESERVE LANDING DR JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32226 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: COLAVITO TERRY PD 04/28/2003