2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500004781

1. Entity Name

						

FILED Feb 28, 2003 8:00 am § Secretary of State

02-28-2003 90117 015 ****61.25

	RDSHIP AMERICA, INC.				
Principal Pla 621 N.W. 53F SUITE 240 BOCA RATOR		Mailing Address 621 N.W. 53RD STREET SUITE 240 BOCA RATON FL 33487		((B)))
2. Principal	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF	MAKING CHANGES
City & State		City & State		4. FEI Number 65-0616858	Applied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Reg	
		and an angle of the second	Name -	Carly francism in the control of singless	_:
EVANS, CRIAG . 1230 NW 8TH STREET			Street Add	ress (P.O. Box Number is Not Acceptable)	
BOCA R	ATON FL 33486	;			
~··			City		FL Zip Code
8. The above	re named entity submits this statement for ations of registered agent.	or the purpose of changing its re	egistered office or re	gistered agent, or both, in the State of Florid	da. I am familiar with, and accept
go	allond of registered agent.				
SIGNATURE			`		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)	DATE
.	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co			Check Payable to
		1 110011 0110 00	manbalon.	Added to Fees Florida	Department of State
	OFFICERS AND DIS				
10	OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 10
	<u> </u>		11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 10
10 TITLE NAME STREET ADDRESS	D Craig Evans 1230 NW 8TH ST	RECTORS	11. TITLE A NAME A STREET ADDRESS Z	ADDITIONS/CHANGES TO OFFICERS LLISON DEFUON III.	AND DIRECTORS IN 10 Change Addition
10 TITLE NAME	D CRAIG EVANS 1230 NW 8TH ST BOCA RATON FL	RECTORS Delete	11. TITLE A NAME A STREET ADDRESS Z	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 10 Change Addition
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12. I hereby certify that the information supplied with tris 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 of 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 ecceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: X

ACERE REQUIRED CRAIG EVANS

2-5-03 561-995-1474