

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
 04-02-2001 90301 011 \*\*\*150.00

0645013

**DOCUMENT # P00000000528**

1. Entity Name  
**CHOICE VACUUM INC.**

Principal Place of Business  
**7119 S. TAMiami TRAIL-SUITE A  
 SARASOTA FL 34231**

Mailing Address  
**7119 S. TAMiami TRAIL-SUITE A  
 SARASOTA FL 34231**

040201



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3444 17TH ST.**  
 Suite, Apt. #, etc.  
**Sarasota, FL 34235**

3. Mailing Address  
**3444 17TH ST**  
 Suite, Apt. #, etc.

City & State  
**Sarasota, FL.**

City & State  
**SARASOTA, FL.**

Zip  
**34235**

Country  
**U.S.A**

4. FEI Number  
**65-0972350**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**RIDER, STEVE  
 7119 S. TAMiami TRAIL-SUITE A  
 SARASOTA FL 34231**

7. Name and Address of New Registered Agent  
 Name **Steve Rider**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3444 17th ST**  
**c/o Choice Vacuum**  
 City **Sarasota** **FL** Zip Code **34235**

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.

SIGNATURE *Steve Rider* **Steve Rider, President** **1/5/01**  
Signature, typed or printed name of registered agent and title 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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	<b>STEVE RIDER President P.O. Box 15166 Sarasota, FL 34277</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>vice President, Treasurer David Rider P.O. Box 15166 Sarasota, FL 34277</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Don Rider P.O. Box 15166 Sarasota, FL 34277</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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: *Steve Rider* **Steve Rider**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/01**  
Date

**(941) 953-2735**  
Daytime Phone #

CR2E034 (10/00)