

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90021 033 ***150.00

0519734 AV

DOCUMENT # P00000000528

1. Entity Name

CHOICE VACUUM INC.

Principal Place of Business

3444 17TH STREET
SARASOTA FL 34235

Mailing Address

3444 17TH STREET
SARASOTA FL 34235

2. Principal Place of Business

3444 17TH ST

3. Mailing Address

3444 17TH ST.

Suite, Apt. #, etc.

SARASOTA, FL. 34235

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL.

Zip

34235

Country

U.S.A.

Zip

34235

Country

U.S.A.

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

RIDER, STEVE

3444 17TH STREET

C/O CHOICE VACUUM

SARASOTA FL 34235

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.

SIGNATURE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **RIDER, STEVE**
 STREET ADDRESS **PO BOX 15166**
 CITY-ST-ZIP **SARASOTA FL 34277**

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

TITLE **VPT** ☐ Delete
 NAME **RIDER, DAVID**
 STREET ADDRESS **PO BOX 15166**
 CITY-ST-ZIP **SARASOTA FL 34277**

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

TITLE **S** ☐ Delete
 NAME **RIDER, DON**
 STREET ADDRESS **PO BOX 15166**
 CITY-ST-ZIP **SARASOTA FL 34277**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

1/16/02
 Date

(941)953-2735
 Daytime Phone #

CR2E034 (9/01)