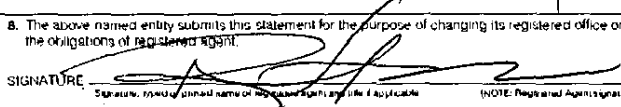
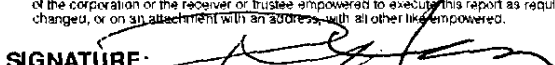


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90128 017 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000027058			
1. Entity Name RITE-A-WAY, INC.			
Principal Place of Business 8790 NW 24TH PLACE SUNRISE, FL 33322		Mailing Address 8790 NW 24TH PLACE SUNRISE, FL 33322	
2. Principal Place of Business 8780 NW 24th place		3. Mailing Address 8780 NW 24th pl	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33322		Zip 33322	
4. FEI Number 65-0223219		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HUDSON, RANDY E 4111 NW 78TH AVENUE SUNRISE, FL 33351		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  DATE 3/17/03 Signature, typed or printed name of Registered Agent, and date if applicable (NOTE: Registered Agent signature required when registering)			
9. Election Campaign Financing - Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$560.00 Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO HUDSON, RANDY 4111 NW 78TH AVENUE SUNRISE, FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD Hudson, Randy 8780 NW 24th place Sunrise, FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD HUDSON, VICTORIA L 4111 NW 78TH AVENUE SUNRISE, FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD Victoria Hudson 8780 NW 24th pl Sunrise, FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 3/17/03	
PRINT NAME AND TITLE OF SIGNED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

11029384



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (1/02)