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.

11029384

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
Suite, Apt. #, etc.
City & State: Sunrise Fl
Zip: 33322 Country: Bwd

3. Mailing Address: 8780 NW 24th pl
Suite, Apt. #, etc.
City & State: Sunrise Fla
Zip: 33322 Country: Bwd

☐ CHECK HERE IF MAKING CHANGES

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 [signature] 3/17/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUDSON, RANDY 4111 NW 78TH AVENUE SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Hudson, Randy 8780 NW 24th place Sunrise Fl	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUDSON, VICTORIA L 4111 NW 78TH AVENUE SUNRISE, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Victoria Hudson 8780 NW 24th pl Sunrise Fl	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 3/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #