

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90148 049 ***550.00

DOCUMENT # <u>P960000081961</u> 1. Entity Name <u>J. DAVID KERCE, P.A. P000000 37381</u> <u>LADY RIDER COSMETIC, INC.</u>			
Principal Place of Business <u>138 LIVE OAK AVE. 3374 Relay Rd.</u> <u>DAYTONA BEACH FL 32115</u> <u>48 ORMOND BEACH, FL 32174</u>		Mailing Address <u>P.O. BOX 470</u> <u>DAYTONA BEACH FL 32118</u> <u>US</u>	
2. Principal Place of Business <u>3374 RELAY Rd</u> Suite, Apt. #, etc.		3. Mailing Address <u>S/A/A</u> Suite, Apt. #, etc.	
City & State <u>ORMOND BEACH FL</u> Zip <u>32174</u> Country <u>USA</u>		City & State _____ Zip _____ Country _____	
4. FEI Number <u>59-3652440</u> Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <u>KERCE, J. DAVID</u> <u>138 LIVE OAK AVE 210 S. BEACH ST.</u> <u>DAYTONA BEACH FL 32114 Suite 200 B</u> <u>DAYTONA BEACH, FL 32115</u>		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. SIGNATURE <u>[Signature]</u> DATE <u>9/12/01</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	
10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>P</u> <input type="checkbox"/> Delete NAME <u>KERCE, DAVID J.</u> STREET ADDRESS <u>P.O. BOX 470-487 S RIDGEWOOD</u> CITY-ST-ZIP <u>DAYTONA BEACH FL</u>		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <u>PRESIDENT</u> <input type="checkbox"/> Delete NAME <u>DAN RANSHAW</u> STREET ADDRESS <u>3374 Relay Rd</u> CITY-ST-ZIP <u>ORMOND BEACH FL 32174</u>		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <u>VICE PRESIDENT</u> <input type="checkbox"/> Delete NAME <u>Jerry Green</u> STREET ADDRESS <u>541 N. BEACH ST.</u> CITY-ST-ZIP <u>DAYTONA BEACH FL 32114</u>		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <u>SECRETARY/TREASURER</u> <input type="checkbox"/> Delete NAME <u>J. DAVID KERCE</u> STREET ADDRESS <u>210 S. BEACH ST. Suite 200 B</u> CITY-ST-ZIP <u>DAYTONA FL 32115</u>		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>[Signature]</u> REQUIRED <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		9.12.01 9012580073 <small>Date Daytime Phone #</small>	

CR2E034 (5/01)