

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91645 009 \*\*\*150.00

**DOCUMENT # P00000037381**

**1. Entity Name**  
**LADY RIDER COSMETICS, INC.**

**Principal Place of Business**  
**3374 RELAY RD.**  
**ORMOND BEACH FL 32174**

**Mailing Address**  
**138 LIVE OAK AVE**  
**DAYTONA BEACH FL 32114**

**2. Principal Place of Business**

**3. Mailing Address**  
**210 S. BEACH ST.**  
**200**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**DAYTONA BEACH, FL**

Zip

Country

Zip  
**32114**

Country

**USA**

**4. FEI Number 59-3652440**

Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**KERCE, J. DAVID**  
**210 S. BEACH ST.**  
**SUITE 2008**  
**DAYTONA BEACH FL 32115**

## 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** \_\_\_\_\_ (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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

## 11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PRANSHAW, DAN	
STREET ADDRESS	3374 RELAY RD.	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GREEN, JERRY	
STREET ADDRESS	541 N. BEACH ST.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KERCE, J. DAVID	
STREET ADDRESS	210 S. BEACH ST., SUITE 200 B	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KERCE, J. DAVID	
STREET ADDRESS	210 S. BEACH ST. # 200 B	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 officers empowered.**

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)