## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 14, 2001 8:00 am Secretary of State DOCUMENT # P00000115044 1. Entity Name "EVERYONE RIDES" INC. 05-14-2001 90010 047 \*\*\*150.00 Mailing Address Principal Place of Business 5420 PENSACOLA BLVD 5420 PENSACOLA BLVD PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address 5420 Pensacola Blvd Finch Drive 1145 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State 68059 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPAGNOLO, MARINA Street Address (P.O. Box Number is Not Acceptable) 5420 PENSACOLA BLVD usacold PENSACOLA FL 32505 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be . Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Vice-President CR2E034 (10/00) President TITLE ✓ Addition TITLE ☐ Delete Ramola Bander W17 Woodrage Dr Warina Spagnolo 5420 Rusasola Bird NAME NAME STREET ADDRESS STREET ADDRESS Fern Park, FI 32130 CITY-ST-ZIP CITY-ST-ZIP Persacola, PL 32505 Peter Bander (CEO) 647 Woodndge or Fern Park, Pd 32700 ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attachme

SIGNING OFFICER OR DIRECTOR