FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 07, 2002 8:00 am P01000039235 DOCUMENT # **Secretary of State** 1. Entity Name 03-07-2002 90011 010 \*\*\*150.00 CLOUD RIDER, INC. Principal Place of Business Mailing Address 12155 92ND WAY NORTH 12155 92ND WAY NORTH **LARGO FL 33773 LARGO FL 33773** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3714202 Not Applicable Zip Country Zip Country \$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 Name MCGLAMERY, MERRILL H JR. Street Address (P.O. Box Number is Not Acceptable) 12155 92ND WAY NORTH **LARGO FL 33773** City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critaria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE Change ☐ Addition MCGLAMERY, MERRILL H JR. NAME NAME STREET ADDRESS 12155 92ND WAY NORTH STREET ADDRESS **LARGO FL 33773** CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition RACHEL R. MEGLAMERY BENDUAN, RACHEL R NAME STREET ADDRESS 12155 92ND WAY NORTH STREET ADDRESS SAME CITY-ST-ZIP CITY-ST-ZIP **LARGO FL 33773** TITLE Change - Addition TITLE" Délète NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

MERRICH MEGLAMERY, JR