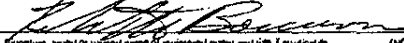


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91435 033 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000052526			
1. Entity Name TANKRIDE.COM, INC.			
Principal Place of Business 111 JENNY LANE HAWTHORNE, FL 32640		Mailing Address 111 JENNY LANE HAWTHORNE, FL 32640	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 05-0562550		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWMAN, ROBERT M 111 JENNY LANE HAWTHORNE, FL 32640		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 		DATE 4-24-03	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents (you are required when submitting)			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D	☐ Delete	
NAME	BOWMAN, ROBERT		
STREET ADDRESS	111 JENNY LANE		
CITY-ST-ZIP	HAWTHORNE, FL 32640		
TITLE	Treasurer	☐ Delete	
NAME	Susan Bowman		
STREET ADDRESS	Same as above		
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change ☐ Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 an officer or trustee empowered.			
SIGNATURE: 		DATE: 4-24-03 352-481-9238	
Signature, typed or printed name of signing officer or director		Date Daytime Phone #	

90112218



☐ CHECK HERE IF MAKING CHANGES

CHREC04 (10/02)