

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90024 048 ***150.00

DOCUMENT # P94000032652

1. Entity Name
RYDER FULFILLMENT, INC.

Principal Place of Business 4691 N. UNIVERSITY DRIVE., #211 CORAL SPRINGS FL 33067	Mailing Address 4691 N. UNIVERSITY DRIVE., #211 CORAL SPRINGS FL 33067-4620
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00041353



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4630 No. University Dr. Suite, Apt. #, etc. 211	3. Mailing Address 4630 No. University Dr. Suite, Apt. #, etc. 211
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip 33067	Zip 33067
Country	Country

4. FEI Number 65-0490587	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
RYDER, DAVID
4691 N. UNIVERSITY DRIVE., #211
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent
 Name **David Ryder**
 Street Address (P.O. Box Number is Not Acceptable)
4630 No. University Dr. #211
 City **Coral Springs** **FL** Zip Code **33067**

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 **4/15/2000**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D RYDER, DAVID 4691 N. UNIVERSITY DRIVE., #211 CORAL SPRINGS FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D David Ryder 4630 No. University Dr. #211 Coral Springs, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **REQUIRED** DATE **4-15-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #