## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # **P94000051096** RIDE ELECTRONICS, INC. 02-01-2000 90135 027 \*\*\*150.00 Principal Place of Business Mailing Address 1505 S. E. 40TH STREET 1505 S. E. 40TH STREET UNIT E LINIT F CAPE CORAL FL 33904-7913 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0505284 Not Aprilia Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCALISE, FRANK M. 1505 SW 40 ST. UNIT E CAPE CORAL FL 33914 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. SIGNATUR**E** (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. D Change Addition Oelete TITLE TITLE Keith D. Ruch SCALISE, FRANK M MAME NAME 215 SE 15th Place #209 STREET ADDRESS STREET ADDRESS 2234 S. W. 51ST STREET Care Circl, FL 33990 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ★ Addition Change Delete TITLE TITLE Janet A. Scalise RUCH, KEITH D NAME 2234 SW 51 St. 215 S.E. 15TH PLACE #209 STREET ADDRESS STREET ADDRESS cape coral. FL 33914 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33990 Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | ■ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

EVETURE RECHIRCH

1/26/00

941-540-1743

Daytime Phone #