

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000051096

1. Entity Name
RIDE ELECTRONICS, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90004 046 ***150.00

Principal Place of Business
1505 S. E. 40TH STREET
UNIT E
CAPE CORAL FL 33904

Mailing Address
1505 S. E. 40TH STREET
UNIT E
CAPE CORAL FL 33904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0505284

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUCH, KEITH D
1505 SW 40 ST.
UNIT E
CAPE CORAL FL 33-904Y

Name Janet Scalise
Street Address (P.O. Box Number is Not Acceptable) 1505 SE 40th Street
Suite E
City Cape Coral FL Zip Code 33904

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 Janet Scalise

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	V RUCH, KEITH D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	215 S.E. 15TH PLACE #209	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE NAME	D RUCH, KEITH D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	215 SE 15TH AVE 209	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE NAME	V SCALISE, JANET A	<input type="checkbox"/> Delete
STREET ADDRESS	2234 SW 51 ST	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P / S / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 attachment with an address, with all other like empowered.

SIGNATURE: Janet Scalise Janet Scalise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/01 941-540-1743

Date

Daytime Phone #

CR2E034 (10/00)