

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90056 020 ***158.75

DOCUMENT # P94000059379

1. Entity Name
YOU RIDE U.S.A. INC.



Principal Place of Business
4597 HWY 70 WEST
#2
ARCADIA FL 34266
US

Mailing Address
4597 HWY 70 WEST
#2
ARCADIA FL 34266
US

2. Principal Place of Business
3405 SW HWY 17
Suite, Apt. #, etc.

3. Mailing Address
3405 SW HWY 17
Suite, Apt. #, etc.

City & State
ARCADIA FL

City & State
ARCADIA FL

4. FEI Number **65-0515379**

Applied For
Not Applicable

Zip **34266** Country **Desoto**

Zip **34266** Country **Desoto**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CLARK, NOEL JR (Registered)
4597 HWY 70 WEST
ARCADIA FL 34266

7. Name and Address of New Registered Agent

Name **B. LYNN CALLAWAY**
Street Address (P.O. Box Number is Not Acceptable)
3128 SW Boll Weevil Rd.
City **ARCADIA** FL Zip Code **34266**

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 ☒ **B. LYNN CALLAWAY** ^{NEW} **Reg. Agent**
Signature, typed or printed name of registered agent and title if applicable.

B. Lynn Callaway **1-15-03**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CLARK, NOEL JR 4597 HWY 70 WEST ARCADIA FL 34266	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President BARBARA J. Reid 3405 SW HWY 17 ARCADIA FL 34266	<input checked="" type="checkbox"/> Changed <input type="checkbox"/> Addition to
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Treasurer B. LYNN CALLAWAY 3128 SW Boll Weevil Rd ARCADIA FL 34266	<input checked="" type="checkbox"/> Changed <input type="checkbox"/> Addition to
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ☒ **BARBARA J. REID** **Barbara J. Reid** **1-15-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)