APPROVED AND FILED

03 APR 23 AM 6:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED 03 UBR

DOCUMENT # P94000059379

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

Principal Place of Business
3405 SW HWY 17
ARCADIA, FL 34266 US

Mailing Address
3405 SW HWY 17
ARCADIA, FL 34266 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0515379 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CALLAWAY, B. LYNN
3129 SW BOLLWEEVIL ROAD
ARCADIA, FL 34266

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 ____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS NOW DUE: $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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REID, BARBARA I 3405 SW HWY 17 ARCADIA, FL 34266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.S.T. Jean P. CHILA 3405 SW Hwy 17 ARCADIA, FL. 34266	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CALLAWAY, B. LYNN 3129 SW BOLLVEEVIL ROAD ARCADIA, FL 34266	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NOEL D. CLARK, JR 3405 SW Hwy 17 ARCADIA, FL. 34266	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] 4/25/03 863-494-6494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #