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

03-24-2003 90237 050 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P96000059402

DOCUMENT #

1. Entity Name CHECKRIDE, INC.



745 PINELLAS #212	ce of Business S BAYWAY URG FL 33715	Mailing Address 745 PINELLAS BAYWAY #212 ST. PETERSBURG FL 33715 US					A				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt	#, etc.	Suite, Apt. #, etc.				<u> </u>	CHECK	HERE IF N	MAKING (CHANGES	
City & Stat	te	City & State				4.	FEI Number 59-340	1861		<u> </u>	oplied For ot Applicable
Zip Country		Zip		try	5. Certificate of Status Desir			red S8.75 Additional Fee Required			
	6. Name and Address of Current R	egistere	ed Agent			7.	Name and Address of	New Regi			
					Name			- 1			
	Samual H III Las Bayway				Street Address (P.O. Box Number is Not Acceptable)						
#212	*										ł
ST. PETERSBURG FL 33715				İ	City				FL	Zip Cod	е
8. The above the obligat	named entity submits this statement for tions of registered agent.	the purp	ose of changing its re	gistere	d office or regist	tered ag	gent, or both, in the State	of Florida		miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if app	olicable. (NOTE: F	Registered	i Agent signature requir	red when re	reinstating)		DATE		
	1LE-NOW!!!=FGG-IS-\$150.00=			-			T				
Afte	r May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State			· `		9: Election Campa Trust Fund Cont	ign Financ ribution.	ing-—	*5.0 Added	May Be
10.	OFFICERS AND D	DIRECTORS 11.				ΑD	DDITIONS/CHANGES TO	O OFFICE	RS AND D	DIRECTORS	3 IN 11
TITLE Name Street address City-St-Zip	P MARTIN, SAMUEL H III 745 PINELLAS BAYWAY #212 ST. PETERSBURG FL 33715		□ Delete		1					_ Change	Addition
TITLE NAME Street adoress City-St-Zip			☐ Delete		l l				[☐ Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	,		☐ Delete			·			[Change	Addition
TITLE Name Street address City-St-Zip			☐ Delete	Į.	l l	-			[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS				[Change	Addition
ITLE NAME STREET ADDRESS DITY-ST-ZIP		·	☐ Delete	TITLE NAME STREET	T ADDRESS				[Change	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:

Daytime Phone #