

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90353 017 ***158.75

DOCUMENT # **585341**

1. Entity Name

Ryder Pest Control, Inc
4690 NW 113th Terrace
SUNRISE, FL 33323-1026



DO NOT WRITE IN THIS SPACE

24048284

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0289984

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Kusnick, Howard A.

Street Address (P.O. Box Number is Not Acceptable)

8211 W Broward Blvd

Suite 470

City

Plantation

FL

Zip Code

33351

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	D/P
NAME	McBride, Elsa M.
STREET ADDRESS	4690 N.W. 113th Terrace
CITY-ST-ZIP	SUNRISE, FL 33323-1026
TITLE	V
NAME	Ryder, Ronald B.
STREET ADDRESS	4690 N.W. 113th Terrace
CITY-ST-ZIP	SUNRISE, FL 33323-1026
TITLE	T.
NAME	Ryder, Richard A.
STREET ADDRESS	4690 NW 113th Terrace
CITY-ST-ZIP	SUNRISE, FL 33323-1026
TITLE	S
NAME	Ryder, James A.
STREET ADDRESS	4690 N.W. 113th Terrace
CITY-ST-ZIP	SUNRISE, FL 33323-1026
TITLE	D
NAME	Ryder, Amy L.
STREET ADDRESS	4690 N.W. 113th Terrace
CITY-ST-ZIP	SUNRISE, FL 33323-1026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

Elsa McBride (President)

4-14-04

954-749-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)