2002 Uniform Business Report (UBR)

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # V48710 1. Entity Name 04-11-2002 90695 016 ***150 00 R.C. RIDER, INC. Principal Place of Business Mailing Address 4651 S.E. 11TH PLACE 4651 S.E. 11TH PLACE CAPE CORAL FL 33904 CAPE CORAL FL 33904 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0347598 Not Applicable Zip Zip Country \$8.75 Additional Country П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FELICE, SALVATORE Street Address (P.O. Box Number is Not Acceptable) **1424 SW 51ST LANE** CAPE CORAL FL 33914-7474 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE DP TITLE NAME FELICE, SALVATORE NAME STREET ADDRESS STREET ADDRESS **1424 SW 51ST LANE** CITY-ST-ZIP CAPE CORAL FL 33914-7474 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NEWHOUSE, NATHAN H JR NAME STREET ADDRESS STREET ADDRESS 2719 SW 1ST AVENUE CITY-ST-ZIP CITY-ST-ZIF CAPE CORAL FL 33914 ☐ Addition ☐ Delete TITLE ☐ Change TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NATHAN H. NEWHOUSE, JR.

VICE PRESIDENT TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 人

01/15/02