

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90234 016 ***150.00

DOCUMENT # 529821

1. Entity Name
F.L. ELDRIDGE & COMPANY, INC.



Principal Place of Business
 FRANCIS L ELDRIDGE
 OPT USAR
 353 SUWANEE AVE
 SARASOTA, FL 34243-1930

Mailing Address
~~353 SUWANEE AVENUE~~
~~SARASOTA FL 34243-1300~~



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
7903-17TH AVE NW
 Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
BRADENTON

4. FEI Number **59-1725625**
 Applied For
 Not Applicable

Zip Country
34209 FLORIDA

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

6. Name and Address of Current Registered Agent
ELDRIDGE, F.L.
7903 17TH AVE NW
BRADENTON FL 34209

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 _____ 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
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	<input type="checkbox"/> Delete
NAME	PDS ELDRIDGE, F L
STREET ADDRESS	7903 17TH AVE NW
CITY-ST-ZIP	BRADENTON FL 34209
TITLE	<input type="checkbox"/> Delete
NAME	PDS ELDRIDGE, F L
STREET ADDRESS	353 SUWANEE AVENUE
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 reports 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: **1/28/03 946-725-1520**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR... Date Daytime Phone #

SECRET 11 AV

CR2E034 (10/02)