2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

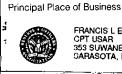
F.L. ELDRIDGE & COMPANY, INC.



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

02-14-2003 90234 016 ***150.00

| DOCUMENT # | 529821 |
|---------------|--------|
| 1 Entity Name | |



Mailing Address

353 SUWANNEE AVENUE

| | • | E AVE FL 34243-1930 | SARASOTA FL 34243-1300 | | | | | | | | |
|---|--|------------------------------------|------------------------|-------------------|--------------------|-------------------------------|--|---|----------|--|--|
| | 3. Mailing Address 7903-17TH AVE NU | | | | | ve NW | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | • | City & State BRADENTON | | | | | 4. FI | 59-1725625 Applied Fo Not Applie | | | |
| Zip_ | | Country | 34 | 209 | Coun | ANATER | 5. C | Certificate of Status Desired S8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. N | 7. Name and Address of New Registered Agent | | | |
| Name | | | | | | | 1 | | | | |
| | | | | | | | s (P.O. Bo | (P.O. Box Number is Not Acceptable) | | | |
| 7903 17TH | | _ | | | | <u> </u> | | | | | |
| BRADENTON FL 34209 | | | | | | | | | | | |
| | | | | | • | 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 ager | t and title if app | olicable. (NOTE | : Registere | d Agent signature requi | red when rei | sinstating) DATE | | | |
| 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 \$5.00 May Trust Fund Contribution. Added to Feet | | | | |
| 10. | OFFICERS AND DIRECTORS 11. | | | | 11. | | ADI | DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS | PDS Delete ELDRIDGE, F L 7903 17TH AVE NW | | | IE EET ADDRESS | | ☐ Change ☐ Ad | dition | | | | |
| CITY - ST - ZIP | BRADENT | ON FL 34209 | | | | '-ST-ZIP | | | dition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS ELDRIDGE, F L 353 SUWANEE AVENUE SARASOTA FL | | | | | | ☐ Change ☐ Ad | | | | |
| TITLE | | | | Delete | | | | Change | ldition_ | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | , | | ME EET ADDRESS 7-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | - 6 | | | ☐ Change ☐ Ad | Idition | | |
| TITLE NAME STREET ADDRESS | | | ., | ☐ Delete | | | - | ☐ Change ☐ Ac | Idition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | TITI NAF STF | .E | <u></u> | ☐ Change ☐ Ac | dition | | |
| | • | | a dila | | | omption stated in | Section | 119 07(3)(i) Florida Statutes, I further certify that the information | tion | | |

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 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 expressions 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: X