## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P93000027865 Apr 06, 2000 8:00 am Secretary of State RIDGE MARKETING, INC. 04-06-2000 90057 001 \*\*\*150.00 Principal Place of Business Mailing Address 27 W. LAKE LINK DR. 27 W LAKE LINK DR WINTER HAVEN FL 33884 WINTER HAVEN FL 33884-4120 C0053700 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For FEI Number 59-3176140 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEALE, ROSIE E Street Address (P.O. Box Number is Not Acceptable) 147 AVE "A" NW WINTER HAVEN FL 33883 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition Delete TITLE TITLE PARROTT, GLENDA NAME NAME STREET ADDRESS 147 N.W. 2ND STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WINTER HAVEN FL 33883 SD Delete ☐ Change ☐ Addition NAME BEALE, ROSIE NAME STREET ADDRESS 147 N.W. 2ND STREET STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33883 CITY-ST-ZIP ☐ Change ☐ Addition: ☐ Delete TITLE TITLE PARROTT, LUTHER C NAME 147 N.W. 2ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33883 CITY-ST-ZIP Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Channe Addition 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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