

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000033982

1. Entity Name  
**ALDRICH & RAMSEY ENTERPRISES, INC.**

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90014 024 \*\*\*150.00

|  |   |
|--|---|
| Principal Place of Business<br>2737 BUCKTHORN WAY<br>NAPLES FL 34105 | Mailing Address<br>2737 BUCKTHORN WAY<br>NAPLES FL 34105-3016 |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br><b>59-3440527</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent  
**ALDRICH, DAVID**  
**720 GOODLETTE RD.**  
**NAPLES FL 34102**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2737 BUCKTHORN WAY**  
**NAPLES**  
City **FL** Zip Code **34105-3016**

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 *David Aldrich, President* DATE **3-29-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS            |                                 |
|---------------------------------------|---------------------------------|
| TITLE NAME<br>ALDRICH, DAVID          | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>720 GOODLETTE RD.   |                                 |
| CITY-ST-ZIP<br>NAPLES FL 34102        |                                 |
| TITLE NAME<br>D RAMSEY, SUSAN A       | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>720 GOODLETTE RD.   |                                 |
| CITY-ST-ZIP<br>NAPLES FL 34102        |                                 |
| TITLE NAME<br>DV RAMSEY, BENJAMIN S   | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>720 GOODLETTE RD.   |                                 |
| CITY-ST-ZIP<br>NAPLES FL 34102        |                                 |
| TITLE NAME<br>D RAMSEY, WILLIAM N JR. | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>720 GOODLETTE RD.   |                                 |
| CITY-ST-ZIP<br>NAPLES FL 34102        |                                 |
| TITLE NAME<br>D RAMSEY, WILLIAM S     | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>720 GOODLETTE RD.   |                                 |
| CITY-ST-ZIP<br>NAPLES FL 34102        |                                 |
| TITLE NAME<br>D RAMSEY, SANDRA        | <input type="checkbox"/> Delete |
| STREET ADDRESS<br>720 GOODLETTE RD.   |                                 |
| CITY-ST-ZIP<br>NAPLES FL 34102        |                                 |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE NAME<br>ALDRICH, DAVID                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>2737 BUCKTHORN WAY                  |  |
| CITY-ST-ZIP<br>NAPLES, FLORIDA 34105-3016             |  |
| TITLE NAME<br>D RAMSEY, SUSAN A                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>2737 BUCKTHORN WAY                  |  |
| CITY-ST-ZIP<br>NAPLES, FLORIDA 34105-3106             |  |
| TITLE NAME<br>DV RAMSEY, BENJAMIN S                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>2737 BUCKTHORN WAY                  |  |
| CITY-ST-ZIP<br>NAPLES, FLORIDA 34104-3106             |  |
| TITLE NAME<br>D RAMSEY, WILLIAM N JR.                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>2737 BUCKTHORN WAY                  |  |
| CITY-ST-ZIP<br>NAPLES, FLORIDA 34105-3106             |  |
| TITLE NAME<br>D RAMSEY, WILLIAM S                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>2737 BUCKTHORN WAY                  |  |
| CITY-ST-ZIP<br>NAPLES, FLORIDA 34105-3106             |  |
| TITLE NAME<br>D RAMSEY, SANDRA                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br>2737 BUCKTHORN WAY                  |  |
| CITY-ST-ZIP<br>NAPLES, FLORIDA 34105-3106             |  |

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: *David Aldrich, Pres.* **DAVID ALDRICH, PRES.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-29-00** Daytime Phone # **(941) 261-6699**

CR2E034 (9/99)