

# 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

2737 BUCKTHORN WAY  
 NAPLES FL 34105

Mailing Address

2737 BUCKTHORN WAY  
 NAPLES FL 34105-3016

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

**59-3440527**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ALDRICH, DAVID**  
**720 GOODLETTE RD.**  
**NAPLES FL 34102**

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*

(NOTE: Registered Agent signature required when reinstating)

*3-29-00*  
 DATE

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2737 BUCKTHORN WAY	NAPLES, FLORIDA 34105-3016	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2737 BUCKTHORN WAY	NAPLES, FLORIDA 34105-3106	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2737 BUCKTHORN WAY	NAPLES, FLORIDA 34104-3106	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2737 BUCKTHORN WAY	NAPLES, FLORIDA 34105-3106	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2737 BUCKTHORN WAY	NAPLES, FLORIDA 34105-3106	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

*3-29-00*  
 X Date

(941) 261-6699  
 Daytime Phone #

CR2E034 (9/99)