

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90455 032 \*\*\*150.00

**DOCUMENT # P97000033982**

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

Principal Place of Business <b>2737 BUCKTHORN WAY          NAPLES FL 34105</b>	Mailing Address <b>2737 BUCKTHORN WAY          NAPLES FL 34105</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3440527</b>	Applied For
	Not Applicable

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

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

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

**ALDRICH, DAVID  
 2737 BUCKTHORN WAY  
 NAPLES FL 34105**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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, 2001 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDRICH, DAVID	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3016	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, SUSAN A	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3106	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, BENJAMIN S	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104-3106	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, WILLIAM N JR.	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3106	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, WILLIAM S	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3106	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, SANDRA	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3106	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: *David Aldrich* DAVID ALDRICH, PRES. *4-20-01* (941) 262-6699  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)