## 2003 FOR PROFIT CORPORATION

## Jan 28, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State DOCUMENT #** 381089 01-28-2003 90068 027 \*\*\*150.00 1. Entity Name RIDGEWOOD ESTATES, INC. Principal Place of Business Mailing Address 733 BLANDING BLVD. 733 BLANDING BLVD. ORANGE PARK FL 32065 ORANGE PARK FL 32065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FELNumber 59-1383379 Not Applicable Zip Country Zip 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 WILSON, DALE S Street Address (P.O. Box Number is Not Acceptable) 718 N ORANGE AVE GREEN COVE SPRING FL 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition TD NAME CUSTEAD, FERN O NAME STREET ADDRESS STREET ADDRESS 733 BLANDING BLVD CITY-ST-ZIP ORANGE PARK, FL 00000 CITY-ST-ZIP TITLE ☐ Delete TITLE Pres., Vice Pres., Director ☐ Addition **VD** NAME CUSTEAD, RICHARD O NAME Custead, Richard D. STREET ADDRESS 733 BLANDING BLVD STREET ADDRESS 712-AaWashington Avenue CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK, FL 00000 <u>Orange Park, Florida 32065</u> TITLE TITLE Change ☐ Addition Delete NAME CUSTEAD, HOMER J NAME STREET ADDRESS STREET ADDRESS 733 BLANDING BLVD CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK, FL 00000 Delete ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

Daytime Phone #

**FILED**