2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

Principal Place of Business

6849 N. OCEAN BLVD.

385800

1. Entity Name

OCEAN RIDGE MANAGEMENT, INC.



Mailing Address

6849 N. OCEAN BLVD.



FILED Jul 29, 2003 8:00 am Secretary of State

07-29-2003 90054 001 *1,350.00

55052688

OCEAN RIDGE FL 33435			OCEAN RIDGE FL 33435				22075200			
2. Principal Place of Business			3. Mailing Address				[ALBAN BABAN BABAN KABAN -	
Suite, Apt. #, etc.			Suite, Apt#,	Suite, Apt.,#, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. F	4. FEI Number 59-1361358 Applied For			
						Not A		Not Applicable		
Zip Country			Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name	and Address of Curren	t Registered Agent			7. N	ame and Address of New Regis	tered Agent		
FARR, MARY LOU					Name					
•	ART LOU OCEAN BL\	m		Street Address		ess (P.O. Bo	s (P.O. Box Number is Not Acceptable)			
	RIDGE FL 3:				 					
					City			FL Zip	Code	
8. The above	named entit	y submits this statement f	or the purpose of ch	nanging its register	L ed office or reg	istered age	nt, or both, in the State of Florida.	I am familiar v	vith, and accept	
the obligat	tions of regist	tered agent.		_		_				
SIGNATURE										
	Signature, typed	or printed name of registered agen	it and title if applicable.	(NOTE: Registere	ed Agent signature re	quired when rein	nstating)	DATE		
្តី F	ILE NOW!	!! FEE IS \$550.00				ĺ	9. Election Campaign Financi	ng r	E 00	
		, 2003 Fee will be \$75 o Florida Department o					Trust Fund Contribution.		5.00 May Be dded to Fees	
10.		OFFICERS AND	DIRECTORS	11.		ADE	DITIONS/CHANGES TO OFFICER	S AND DIRECT	ORS IN 11	
TITLE	DP			Delete 11TL	E			☐ Chan	nge 🗌 Addition	
NAME		r, george Icean Blyd		NAN	-			•		
STREET ADDRESS CITY-ST-ZIP		NDGE FL 33435			EET ADDRESS '- ST-ZIP					
TITLÉ	S			Delete TITL				☐ Chan	nge 🔲 Addition	
NAME	FARR, MA	ARY LOU		NAN					'	
STREET ADDRESS	6849 N. (OCEAN BLVD.		STR	EET ADDRESS					
CITY-ST-ZIP	OCEAN F	IDGE, FL 00000		CITY	'-ST-ZIP					
TITLE	DT			Delete TITL	E			☐ Char	nge 🔲 Addition	
NAME	HUDSON	GILBERT		NAM	1					
STREET ADDRESS		OCEAN BLVD.			ET ADDRESS				ŀ	
CITY-ST-ZIP	OCEAN R	IDGE FL			'-ST-ZIP					
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NAME	MCKINNE			NAM				_	— "	
STREET ADDRESS		CEAN BLVD		STRI	ET ADDRESS				}	
CITY-ST-ZIP	OCEAN R	IDGE FL 33435		CITY	-ST-ZIP					
TITLE	D			Delete TITL	E			☐ Chan	nge 🔲 Addition	
NAME	NOLTE, H			NAM	E					
STREET ADDRESS	6849 N Q	CEAN BLVD		STRI	ET ADDRESS					

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

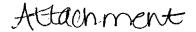
OCEAN RIDGE FL 33435

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/03

737-677D

;R2E034 (4/03)



OCEAN RIDGE MANAGEMENT, INC.

6849 NORTH OCEAN BOULEVARD OCEAN RIDGE, FLORIDA 33435

> 55052480 #305800

Florida Department of State Division of Corporations P.O. Box1500 Tallahassee, FL 32302-1500

July 25, 2003

Re; Docs. 265671, 284954, 297685, 328421, 336151, 339454, 358209, 385800

Gentlemen:

Please be advised that the enclosed Uniform Business Reports listed above were not received until July. We did not receive the original mailing. It is our habit to always file these reports in a timely manner. We, therefore, request that you waive the late filing fee.

Thank you for your immediate attention to this matter.

Very truly yours,

Mary Lou Farr General Manager