

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90159 002 \*\*\*158.75

**DOCUMENT # 508225**

1. Entity Name  
**RISDON ENTERPRISES, INC.**



Principal Place of Business  
**520 N.E. 20TH ST. #515  
FT. LAUDERDALE FL 33305-2101**

Mailing Address  
**520 N.E. 20TH ST. #515  
FT. LAUDERDALE FL 33305-2101**



2. Principal Place of Business  
**2725 NW 9th Terr.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2725 NW 9th Terr**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Wilton Manors FL**  
Zip  
**33311**  
Country  
**USA**

City & State  
**Wilton Manors FL**  
Zip  
**33311**  
Country  
**USA**

4. FEI Number  
**59-1900773**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**RISDON, MAURICE  
520 N.E. 20TH ST. #515  
FT. LAUDERDALE FL 33305**

## 7. Name and Address of New Registered Agent

Name  
**Smith, Thomas E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2725 NW 9th Terr**  
City  
**Wilton Manors FL** Zip Code  
**33311**

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 **Thos. E. Smith**

**3-6-2003**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

TITLE  
**PD**  
NAME  
**RISDON, MAURICE** ☒ Delete  
STREET ADDRESS  
**520 N.E. 20TH ST. #515**  
CITY-ST-ZIP  
**FT. LAUDERDALE FL** **Deceased**

TITLE  
**SD** ☐ Delete  
NAME  
**TEMPLETON, OPAL**  
STREET ADDRESS  
**2830 NW 12TH AVE**  
CITY-ST-ZIP  
**FT. LAUDERDALE FL**

TITLE  
**VP** ☒ Delete  
NAME  
**THOMAS, SMITH E**  
STREET ADDRESS  
**2725 NW 9TH TERR**  
CITY-ST-ZIP  
**WILTON MANORS FL 33311**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PD**  
NAME  
**Thomas E. Smith** ☒ Change ☐ Addition  
STREET ADDRESS  
**2725 NW 9th Terr.**  
CITY-ST-ZIP  
**Wilton Manors FL 33311**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: **Thos. E. Smith**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-6-2003**

**954-568-2368**

Day 11 054 000 33311

CR2E034 (10/02)