FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 11, 2002 8:00 am Secretary of State

DOCU 1. Entity Nar	MENT # 636832			4		Secretary of State		
RIDGE	BUILDERS, INC.							
	DO NOT WRITE	IN THIS SI	PAC	E				
	Place of Business ones Avenue	3. Mailing Address 707 Jones Avenue						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Star Haine s	es City, FL	City & State Haines City, FL				FEI Number Applied For S9-1938405 Not Applied		
Zip Country 33844 Po1k		Zip Country 33844 Polk		5.	Certificate of Status Desired \$8.75 Additional Fee Required			
					7. Na	ame and Address of Current Registered Agent	\exists	
DO NOT WRITE					erbert W. Key			
IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable)				
				143 Palm Place, West				
8. The above named entity submits this statement for the purpose of changing its re				Haines City FL Zig 3844				
SIGNATURE .	Betty Ley — P Signature, Kiper of grinted name of registered agent an	ersonal R	ear	Agent signature rec	Two	2/7/200		
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so.	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of Stat				10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	,	
11.	OFFICERS AND D	IRECTORS	TITLE	1			\exists	
NAME STREET ADDRESS City-St-ZIP	KEY, HERBERT W. 143 PALM AVENUE, WEST			T ADDRESS ST-ZIP		7000051452673 -03/22/0201005026 *****61.25 *****61.25		
TITLE NAME	,		TITLE	į.				
STREET ADDRESS CITY-ST-ZIP			II .	T ADDRESS	•			
TITLE NAME			TITLE					
STREET ADDRESS CITY-ST-ZIP			II 1	ADDRESS DO NOT WRITE				
TITLE			TITLE	51-21		IN THIS SPACE		
NAME STREET ADDRESS			NAME	T ADDRESS		IN THIS SPACE		
City-St-ZIP	4F-0	, <u>, , , , , , , , , , , , , , , , , , </u>	спу-я					
TITLE NAME			TITLE			\(\)		
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	FADDRESS ST-ZIP	113/19			
TITLE			TITLE			MINIT!	7	
NAME STREET ADDRESS			NAME STREET	ADDRESS		•		
13. I hereby c	ertify that the information supplied with th	ris filing does not qualify for	CITY-S		Section 1	10 07/2Vi) Florido Stehutoo I further applifut has be left and		
indicated	on this report or supplemental report is tr	ue and accurate and that m	v cianatu	ro chall have t	occuon l	19.07(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 on an attachment with an address, with all other like empowered.

Estate of Herbert W. Key, Deceased:

SIGNATURE: <u>By:</u>

SIGNATURE MD TO SERVICE OF SIGNING OFFICER OR DIRECTOR BELLY . Key. Personal Representative

863-422-3309 Daytime Phone #