

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90237 020 ***150.00

0643552 AT

DOCUMENT # F35209

1. Entity Name
LEDGERWOOD, INC.



Principal Place of Business
**RT 1 BOX 395
P.O. BOX 439
ASTATULA FL 34705**

Mailing Address
**RT 1 BOX 395
P.O. BOX 439
ASTATULA FL 34705**



2. Principal Place of Business
13025 S. Hwy 441
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 439
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Summerfield FL
Zip
34491
Country

City & State
Astatula FL
Zip
34705
Country

4. FEI Number **59-2093818**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HARVEY, JOHN L
RT 1 BOX 395
ASTATULA FL 34705**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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
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 NAME STREET ADDRESS CITY-ST-ZIP | PD HARVEY, JOHN L RT 1 BOX 395 ASTATULA FL | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
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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:

SIGNATURE OF REGISTERED AGENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 3527422112
Date Daytime Phone #

CR2E034 (10/02)