

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90147 042 ***150.00

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1. Entity Name
ELDRIDGE PUBLISHING COMPANY, INC.



Principal Place of Business
P.O. BOX 1595
VENICE FL 34284-1595

Mailing Address
P.O. BOX 1595
VENICE FL 34284-1595



2. Principal Place of Business
PO Box 14367

3. Mailing Address
PO Box 14367

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Tallahassee FL 32317

City & State
Tallahassee FL 32317

4. FEI Number
31-0272040

Applied For
Not Applicable

Zip
32317

Country
USA

Zip
32317

Country
USA

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

6. Name and Address of Current Registered Agent

VORHIS, STEVE
370 CENTER CT
VENICE FL 34292

7. Name and Address of New Registered Agent

Name VORHIS, Steve
Street Address (P.O. Box Number is Not Acceptable)
2882-B Remington Green Circle
City Tallahassee FL 32308

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 STEVE VORHIS

01-07-2003

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 STD
NAME VORHIS, STEVE ☐ Delete
STREET ADDRESS 370 CENTER CT
CITY-ST-ZIP VENICE FL

TITLE D
NAME VORHIS, NANCY ☐ Delete
STREET ADDRESS 370 CENTER CT
CITY-ST-ZIP VENICE FL

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS 2882-B Remington Green Circle
CITY-ST-ZIP Tallahassee, FL 32308

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2882-B Remington Green Circle
CITY-ST-ZIP Tallahassee FL 32308

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-2003

Date

Daytime Phone #

CR2E034 (10/02)