

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G24908

1. Entity Name
LAUREL RIDGE, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90067 028 ***150.00

Principal Place of Business
~~2000 DUNE CIRCLE~~ 101 Via Amalfi
NEW SMYRNA BCH FL 32169-2022

Mailing Address
~~2000 DUNE CIRCLE~~ 101 Via Amalfi
NEW SMYRNA BCH FL 32169-2022



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2256538		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ROSS, RICHARD C 101 VIA AMALFI NEW SMYRNA BEACH FL 32169				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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.

SIGNATURE: [Signature] DATE: 4/11/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	MULBRY JR, WALTER	NAME	
STREET ADDRESS	2000 DUNE CIR	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH, FL 00000	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ROSS, RICHARD C.	NAME	
STREET ADDRESS	101 VIA AMALFA	STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/11/01 DAYTIME PHONE #: 386-428-4686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)