

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90469 024 ***150.00

DOCUMENT # H47057

1. Entity Name
RIDGE PRINTING, INC.



Principal Place of Business
234 E. BULLARD AVE.
LAKE WALES FL 33853
US

Mailing Address
234 E. BULLARD AVE.
LAKE WALES FL 33853
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2506289

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENDER, KRIS M
918 AVENUE S., S. E.
WINTER HAVEN FL 33880-4618

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
PREVIOUS
BENDER, KRIS M.
918 AVE S, SE
WINTER HAVEN FL 33880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHANGE
ADDITION
Vice President
Richard L. Bender
918 Ave S, SE
Winter Haven, FL 33880-4618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHANGE
ADDITION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
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STREET ADDRESS
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CITY-ST-ZIP
CHANGE
ADDITION

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHANGE
ADDITION

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:

Kris M. Bender
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03

Date

863-676-5117

Daytime Phone #

CR2E034 (10/02)