

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K45953

1. Entity Name

LARRY ALDRICH ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 23 PM 1:09

Principal Place of Business: 3605 Buckeye Rd. Palmetto, FL 34221 US
Mailing Address: 3505 Buckeye Road Palmetto, FL 34221 US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: 3605 Buckeye Rd. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

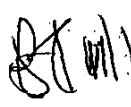
4. FEI Number: 65-01101458 Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: Aldrich, Irina, 5207 Palmetto Point Drive, Palmetto, FL 34221
7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-instating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State**
10. Election, Campaign Financing, Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: Aldrich, Larry STREET ADDRESS: 5207 Palmetto Point Drive CITY-ST-ZIP: Palmetto, FL 34221	<input type="checkbox"/> Delete	TITLE: D NAME: Aldrich, Larry STREET ADDRESS: 5207 Palmetto Point Drive CITY-ST-ZIP: Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: ST NAME: Aldrich, Irina STREET ADDRESS: 5207 Palmetto Point Dr. CITY-ST-ZIP: Palmetto, FL	<input type="checkbox"/> Delete	TITLE: ST NAME: Aldrich, Irina STREET ADDRESS: 5207 Palmetto Point Drive CITY-ST-ZIP: Palmetto, FL 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: EVP NAME: Boyce, Maynard J. STREET ADDRESS: 2412 Emory Ave. CITY-ST-ZIP: Bradenton, FL 34207	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: 000003456000-3 CITY-ST-ZIP: -11/07/00--01115--018 ****#61.25 ****#61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPCO NAME: Wasden, Ronald STREET ADDRESS: 2408 7th Ct. E. CITY-ST-ZIP: Ellenton, FL 34222	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: Larry Aldrich LARRY ALDRICH, PRES. 9/28/00 941-722-2319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #