

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90076 037 ***150.00

DOCUMENT # K45953

1. Entity Name
LARRY ALDRICH ENTERPRISES, INC.

Principal Place of Business

1323 20TH AVE. E.
PALMETTO FL 34221
US

Mailing Address

1323 20TH AVE. E.
PALMETTO FL 34221
US

2. Principal Place of Business

1323 20th Ave E

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

Palmetto, FL

4. FEI Number

65-0101458

Applied For

Not Applicable

Zip

34221

Country

USA

Zip

34221

Country

USA

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE PD ☐ Delete
NAME ALDRICH, LARRY
STREET ADDRESS 5207 PALMETTO POINT DRIVE
CITY-ST-ZIP PALMETTO FL 34221

TITLE ST ☐ Delete
NAME ALDRICH, IRINA
STREET ADDRESS 5207 PALMETTO POINT DRIVE
CITY-ST-ZIP PALMETTO FL 34221

TITLE VPCO ☐ Delete
NAME WASDEN, RONALD
STREET ADDRESS 2408 7TH CT. E.
CITY-ST-ZIP ELLENTON FL 34222

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-02 (941) 722-2319

CR2E034 (9/01)