2000 UNIFORM BUSINESS REPORT (UBR)

ment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Feb 01, 2000 8:00 am Secretary of State **DOCUMENT # K72138** RIDGLEY INTERNATIONAL, INC. 02-01-2000 90022 020 ***150.00 Mailing Address Principal Place of Business RIDGLEY INTERIORS % DENNIS B. RIDGLEY 3181 COCOPLUM CIRCLE 4790 N.E. 10TH AVE. 707081 COCONUT CREEK FL 33063-5918 FT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0108500 Not April - - -Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RIDGLEY, DENNIS B. Street Address (P.O. Box Number is Not Acceptable) 3181 COCOPLUM CIRCLE COCONUT CREEK FL 33063 Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Delete TITLE TITLE NAME RIDGLEY, DENNIS B. STREET ADDRESS STREET ADDRESS 3181 COCOPLUM CIRCLE CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME RIDGLEY, PEGGY A. STREET ADDRESS STREET ADDRESS 3181 COCOPLUM CIRCLE CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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

FILED