

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90161 029 \*\*\*\*50.00

**DOCUMENT # L94000000174**

1. Entity Name  
**RIDGE STORAGE, L.C.**

Principal Place of Business

**2106 BISPHAM RD  
 SUITE B  
 SARASOTA FL 34231**

Mailing Address

**2106 BISPHAM RD  
 SUITE B  
 SARASOTA FL 34231**

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

**65-0442926**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTERSON, JOHN  
 46 N WASHINGTON BLVD  
 SUITE 1  
 SARASOTA FL 34236**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
 NAME **M**  
 STREET ADDRESS **PARBIRDIE HOLDINGS INC ATT: PETER DEEKS**  
 CITY-ST-ZIP **FOUR HIGHLAND CIR  
 TORONTO ONTARIO CANADA**

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

TITLE ☐ Delete  
 NAME **M**  
 STREET ADDRESS **HEMCO INVESTMENTS LTD ATT RONALD LIND**  
 CITY-ST-ZIP **1990 OGILVIE ST  
 PRINCE GEORGE BC V2N 1X1**

TITLE ☒ Change ☐ Addition  
 NAME **M**  
 STREET ADDRESS **Lindco Investment ATT Ronald Lind**  
 CITY-ST-ZIP **1990 Ogilvie St  
 Prince George, BC V2N 1X1**

TITLE ☐ Delete  
 NAME **M**  
 STREET ADDRESS **FARRELL, JERRY**  
 CITY-ST-ZIP **40 KING ST W SCOTIA PLAZA SUITE 6200  
 TORONTO ONTARIO CANADA**

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

TITLE ☐ Delete  
 NAME **M**  
 STREET ADDRESS **LOUGHEED, RONALD S**  
 CITY-ST-ZIP **44 BLUE RIDGE RD  
 WILLOWDALE ONTARIO CANADA**

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

TITLE ☐ Delete  
 NAME **M**  
 STREET ADDRESS **ONTARIO 994363 LTD ATT WILLIAM W HEFLER**  
 CITY-ST-ZIP **60 LAURENTIDE DR  
 DON MILLS ONTARIO CANADA**

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

TITLE ☐ Delete  
 NAME **M**  
 STREET ADDRESS **891157 ONTARIO INC ATT TERRY YATES**  
 CITY-ST-ZIP **78 QUEENSTON RD  
 HAMILTON ONTARIO CANADA**

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

*Apr 4/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

002114

CR2E083 (9/01)