

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90026 013 ****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. 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE **MGRM** ☐ Delete
NAME **LINDCO INVESTMENT ATT RONALD LIND**
STREET ADDRESS **1990 OGILVIE ST**
CITY-ST-ZIP **PRINCE GEORGE BC V2N 1X1**

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

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

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

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

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

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

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

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

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

Date

Daytime Phone #

Mar 21/03

CR2E083 (10/02)