

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **M89518**  
1. Entity Name  
**The Ethridge Corp**



03 MAR -7 PM 1:37  
**REINSTATEMENT**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**02-03**

**DO NOT WRITE IN THIS SPACE**

**800013141218**  
02/26/03--01060--002 \*\*\$600.00

**800013141218**  
02/26/03--01060--003 \*\*\$150.00  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**13627 Dornach Dr**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 616922**  
Suite, Apt. #, etc.

City & State  
**Orlando FL**

City & State  
**Orlando FL**

4. FEI Number  
**59-2900964**

Applied For  
Not Applicable

Zip  
**32828**  
Country  
**Orange**

Zip  
**32861**  
Country  
**Orange**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required\***

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**Shannon Richart**  
Street Address (P.O. Box Number is Not Acceptable)  
**13627 Dornach Dr**

City  
**Orlando** FL Zip Code  
**32828**

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 **Shannon Richart**

DATE  
**1/10/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Ethridge, James Jr  
13627 Dornach Dr  
Orlando FL 32828**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Richart, Shannon  
13627 Dornach Dr  
Orlando FL 32828**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Ethridge, James Jr**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Treasurer  
Ethridge, James Jr  
13627 Dornach Dr  
Orlando, FL 32828**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**800013141218**  
03/06/03--01058--001 \*\*\$150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Shannon Richart**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE  
**1/10/03**

DAYTIME PHONE #  
**407-298-4217**

CR2ES34S (12/02)

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