2002 UNIFORM BUSINESS REPORT (UBR)

Feb 10, 2002 8:00 am Secretary of State DOCUMENT # N0100001429 1. Entity Name RIDGE SWIMMING, INC. 02-10-2002 90025 042 ****61.25 Mailing Address Principal Place of Business 5951 WINDWOOD DRIVE 5951 WINDWOOD DRIVE LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name (21) Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE (1) CORAL GABLES FL 33134 Zip Code FL Same and the same of the 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to. . . 9. Election Campaign Financing 5-- \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ■ Addition TIT) F PΠ Delete TITLE NAME WILSHIRE, W. ROY NAME STREET ADDRESS 5951 WINDWOOD DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 [7] Change Addition TITLE 前庭為江巴 .TD3 % % € ☐ Delete NAME: YES WILSHIRE, SHARON NAME STREET ADDRESS STREET ADDRESS 5951 WINDWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 [] Change Addition 4 TITLE SD ☐ Delete TITLE NAME WILSHIRE, PATRA NAME STREET ADDRESS STREET ADDRESS 5951 WINDWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 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-ZIP-CITY STEZIPA ■ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

all other like empowered.

changed, or on an attack