

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90264 012 ***150.00

DOCUMENT # P00000054396

1. Entity Name
RIDGE DEVELOPMENT GROUP, INC.



Principal Place of Business
**2817 ADAIR RD
DAVENPORT FL 33837**

Mailing Address
**2817 ADAIR RD
DAVENPORT FL 33837**

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 **59-3649411**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**COLLOPY, JAMES A VP,S
4535 POLK CITY RD.
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

Name

COLLOPY, JAMES A. VP,S

Street Address (P.O. Box Number is Not Acceptable)

2817 ADAIR RD

City

DAVENPORT.

FL

Zip Code

33837

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

2-2-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **VP** ☐ Delete
NAME **DAVIS, TIMOTHY**
STREET ADDRESS **4535 POLK CITY RD.**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE **VP,S** ☐ Delete
NAME **COLLOPY, JAMES A**
STREET ADDRESS **4535 POLK CITY RD.**
CITY-ST-ZIP **HAINES CITY FL 33844**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition
NAME **DAVIS, Timothy**
STREET ADDRESS **P.O. Box 2643**
CITY-ST-ZIP **DAVENPORT, FL. 33836**

TITLE **VP,S** ☒ Change ☐ Addition
NAME **Collopy, James A**
STREET ADDRESS **2817 ADAIR RD**
CITY-ST-ZIP **DAVENPORT, FL 33837**

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
TIM DAVIS

2-2-03

Date

Daytime Phone #

CR2E034 (10/02)