

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000083749

1. Entity Name

RIDLEY ENTERPRISES, INC.

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91549 027 \*\*\*150.00

Principal Place of Business

304 HICKORY WOOD DR  
CRAWFORDVILLE FL 32327

Mailing Address

304 HICKORY WOOD DR  
CRAWFORDVILLE FL 32327

2. Principal Place of Business

304 Hickory Wood Dr.

Suite, Apt. #, etc.

3. Mailing Address

304 Hickory Wood Dr.

Suite, Apt. #, etc.

00000614



DO NOT WRITE IN THIS SPACE

City & State

CRAWFORDVILLE, FLORIDA

City & State

CRAWFORDVILLE, FLORIDA

4. FEI Number

99-3670659

Applied For

Not Applicable

Zip

32327

Country

FLORIDA

Zip

32327

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIDLEY, ROBIN  
822 N MONROE ST  
TALLAHASSEE FL 32303

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)



**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
RIDLEY, RICHARD  
304 HICKORY WOOD DR  
CRAWFORDVILLE FL 32327

☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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RIDLEY, ROBIN  
304 HICKORY WOOD DR  
CRAWFORDVILLE FL 32327

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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard Ridley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-01

Date

850-589-8007

Daytime Phone #

CR2E034 (10/00)