

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90045 003 ***150.00

DOCUMENT # **P01000119757** **STATE**

1. Entity Name
JAMES I. RIDLEY, P.A.

Principal Place of Business **Mailing Address Same as Principal**
~~1401 EAST BLVD, STE 200~~ ~~1401 EAST BLVD, STE 200~~
~~FT LAUDERDALE FL 33301~~ ~~FT LAUDERDALE FL 33301~~
1401 East Broward Boulevard, Suite 200
Fort Lauderdale, Florida 33301

2. Principal Place of Business **3. Mailing Address**
SEE CORRECTION ABOVE **SAME AS PRINCIPAL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State** **4. FEI Number** **Applied For**
 Zip Country Zip Country **01-0553414** **Not Applicable**
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, JAMES I.P.A. **Name**
~~1401 EAST BLVD, STE 200~~ **1401 East Broward Blvd.**
FT LAUDERDALE FL 33301 **Suite 200** **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 **DATE**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
 (See criteria on back) **XX** **After May 1, 2002 Fee will be \$550.00** **Trust Fund Contribution.** ☐ **Added to Fees**
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D (President/Secretary/Treasurer and Director)	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIDLEY, JAMES I			NAME			
STREET ADDRESS	1401 EAST BLVD, STE 200 1401 East Broward Blvd.			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33301 Suite 200			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 **2/20/2002** **(954) 467-7123**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #