UNIFORM BUSINESS REPORT (UBR)

P02000004192

1. Entity Name

RIDGE TWO COMPORATION					FILED		
Principal Place 3336 CANTRI HOLIDAY FL		Mailing Address 3336 CANTRELL ST. HOLIDAY FL 34690 Some up It		2	O3 OCT 27 PM 4  SECRETARY OF ST		
2. Principal F	Place of Business 3 Riage RD	3. Mailing Address			77-10-03 90/08 049	դատատ ∦լ≲∂- <sup>∞</sup>	
Suite, Apt		Suite, Apt. #, etc.		CHECK HERE IF MAKING		JB	
Port	Richer FC	City & State			4. FEI Number None-Sceattache		pplied For ot Applicable
3466	8 Country USA	Zip	Count	lry \	5. Certificate of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
-CARINO, RICHARD 3336 CANTRELL ST. HOLIDAY FL 34690				Street Address (P.O. Box Number is Not Acceptable)  Some Aff 2  City FL Zip Code			
the obligation	Signature, hypod or printed name of registered agent  Signature, hypod or printed name of registered agent  [LE NOVIII FEE (8.5550,00)  [A NOVIII FEE (8.5500,00)  [A NOVIII FEE (8.550	and life if applicable. (NOTI	cha	nd office or register  no Cia.  Agent signature required	9. Election Campaign Financing	\$5.0	O May Be
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carino, Richard 3336 Cantrell St. Holiday Fl 34690	☐ Delete				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		í		Change	Addition
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	T ADDRESS		☐ Change	Addition

12. I hereby certify that the information supplied with this filling 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 logal effect as if made under eath; that I am an efficer 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 difficulty like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

## Ridge Two corp.

3336 Cantrell st. Holiday Fl., 34690

July 8, 2003

Dear Sir or Madam:

Please accept this letter has a request, to forgive the late filing fee for my Corp.

I did not receive a 2003 uniform business report for the above Corp. until July 7 2003.

Enclosed is the \$150 filing fee and a completed 2003 uniform business report.

Sincerely,

Richard Carino Director

Oct 22,2003

Ridge Road Medical Plaza Richard Carino MD PA 6233 Ridge Road Port Richey,FL 34668

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee,Fl 32314
Attn: Reinstatement Section

## Dear Sir

Enclosed please find copies of all our recent correspondence with your office. We received these notices of dissolution, called the 800 number and spoke to Eula to find out why. She said we were sent a letter on July, 11 2003 requesting EIN numbers. We did not receive that letter. We mailed the checks on July 8, 2003 and since we never received any further correspondence from your office.

Enclosed is the EIN number for Ridge One and Richard Carino MD PA. The other two corporations have no employees or bank accounts and are not active in any way. Therefore according to form SS-4 they do not need EIN numbers. Richard Carino MD PA had the EIN number listed on the form we returned, so if there is another reason it was returned we are unaware of it.

We were told to return all copies of paperwork and the corporations would be reinstated without additional charges as we never received any requests for information from your office at either of the addresses listed on the forms. Should you need any additional information, please feel free to call 727-847-7555. All correspondence should be sent to the Ridge Road address listed above. Thank you for your assistance and cooperation in this matter.

Sineerely

Office Manager