

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90194 002 \*\*\*150.00

1/27/

**DOCUMENT # P02000015888**

1. Entity Name  
**RIDGEWAY REPTILES, INC.**



Principal Place of Business  
**430 KINDRED BLVD  
PORT CHARLOTTE FL 33954**

Mailing Address  
**430 KINDRED BLVD  
PORT CHARLOTTE FL 33954**



2. Principal Place of Business  
**430 KINDRED BLVD**  
Suite, Apt. #, etc.

3. Mailing Address  
**430 KINDRED BLVD**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**PORT CHARLOTTE FL**  
Zip  
**33954**  
Country  
**US**

City & State  
**PORT CHARLOTTE**  
Zip  
**33954**  
Country  
**US**

4. FEI Number  
**02-0561190**  
Applied For  
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

**RIDGEWAY, ZELPH O  
430 KINDRED BLVD  
PORT CHARLOTTE FL 33954**

Name  
**ZELPH O RIDGEWAY**  
Street Address (P.O. Box Number is Not Acceptable)  
**430 KINDRED BLVD**  
City  
**PORT CHARLOTTE** FL Zip Code  
**33954**

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 *Zelph O. Ridgeway* *Zelph O. Ridgeway* *1-11-03*  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>	<b>RIDGEWAY, ZELPH O</b>	<b>430 KINDRED BLVD PORT CHARLOTTE FL 33954</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Zelph O. Ridgeway* *1-11-03* *(941) 585-9501*  
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)