

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000027431

1. Entity Name

Ridgewood, Inc.

FILED

02 JUL -9 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

740 South Ridgewood Ave.

3. Mailing Address

1165 North Ocean Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite F

DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach, FL

City & State

Singer Island, FL

4. FEI Number

27-0004377

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Yesenia Sarria

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

1165 North Ocean Dr. Ste F.

City

Singer Island

FL

Zip Code

33404

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

*Yesenia Sarria*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/08/02

DATE

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

☒

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Yesenia Sarria  
1165 North Ocean Dr. Ste. F.  
Singer Island, FL 33404

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Secretary  
Yesenia Sarria  
1165 North Ocean Dr. Ste F  
Singer Island, FL 33404

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Yesenia Sarria*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/02

Date

561-881-0030

Daytime Phone #

CR2E034B (12/01)