

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**


02-05-2003 90161 045 \*\*\*150.00

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**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000049050**

1. Entity Name  
**CEDAR RIDGE PROPERTIES, INC.**



Principal Place of Business  
**728 W CANAL STREET  
 NEW SMYRNA BEACH FL 32170**

Mailing Address  
**PO BOX 1506  
 NEW SMYRNA BEACH FL 32170-1508**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**04-3660067**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WEAVER, ROBERT B  
 3620 LETTUCE LANE  
 NEW SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>WEAVER, ROBERT B</b>
STREET ADDRESS	<b>3620 LETTUCE LANE</b>
CITY-ST-ZIP	<b>NEW SMYRNA BEACH FL 32168-8740</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President / Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Weaver, Robert B</b>
STREET ADDRESS	<b>3620 Lettuce Lane</b>
CITY-ST-ZIP	<b>New Smyrna Beach, FL 32168-8740</b>
TITLE	<b>Treasurer / Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>C.M. Lybrand</b>
STREET ADDRESS	<b>PO Box 1506</b>
CITY-ST-ZIP	<b>New Smyrna Beach, FL 32170-1506</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** SIGNATURE REQUIRED **C.M. LYBRAND** 1/4/03 (386)428-2315

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)