

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

DOCUMENT # P02000097722

1. Entity Name  
**J.M. RIDGEWORTH INC.**



**80114363**

Principal Place of Business  
 300 SOUTH PINE ISLAND ROAD, STE 258  
 PLANTATION, FL 33324

Mailing Address  
 300 SOUTH PINE ISLAND ROAD, STE 258  
 PLANTATION, FL 33324

2. Principal Place of Business  
 11900 Biscayne Blvd  
 Suite, Apt. #, etc.  
 520

3. Mailing Address  
 11900 Biscayne Blvd.  
 Suite, Apt. #, etc.  
 520



CHECK HERE IF MAKING CHANGES

4. FEI Number: **04-3715712** Applied For:  Not Applicable

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

City & State: **Miami, Florida** Zip: **33181** Country: **U.S.A.**

6. Name and Address of Current Registered Agent  
**HECKER, ARNOLD J**  
 300 SOUTH PINE ISLAND ROAD, STE 258  
 PLANTATION, FL 33324

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: \_\_\_\_\_ DATE: \_\_\_\_\_

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	<b>D</b> <b>GIELCHINSKY, DAVID</b> <b>11900 BISCAYNE BLVD., STE 520</b> <b>MIAMI, FL 33181</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: **David Gielchinsky** 4/30/03 (305) 892-4800

C12E534 (10/02)