

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-21-2003 90228 008 ***150.00

DOCUMENT # P02000099880

1. Entity Name
RICHARD RIDLEY TRANSPORT INC.



Principal Place of Business
**16334 HAMLIN BLVD
LOXAHATCHEE FL 33470**

Mailing Address
**16334 HAMLIN BLVD
LOXAHATCHEE FL 33470**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-2295216

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

**RISLEY, RICHARD
16334 HAMLIN BLVD
LOXAHATCHEE FL 33470**

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

Signature, typed or printed name of registered agent and title 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	Pres	<input type="checkbox"/> Delete
NAME	RICHARD RIDLEY	
STREET ADDRESS	16334 HAMLIN BLVD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	JAMES A. STEINMANN	
STREET ADDRESS	16333 89TH PLACE N	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: *Richard Ridley* **Richard Ridley**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/203 561-798-6295
Date Daytime Phone #