2000	UNIFORM	BUSINESS	REPORT	(UBR

DOCUMENT # P9200003147 I. Entity Name RIDGWAY SERVICES OF FLORIDA, INC.					FILED Apr 12, 2000 8:00 am Secretary of State 04-12-2000 90056 018 ***150.00		
Principal Place of	Business	Mailing Address					
151 WEST VINE S SSIMMEE FL 3474 S		4151 WEST VINE STREET KISSIMMEE FL 34741-4542 US					
2. Principal Place of Business HH5 WEST VINE STROW		3. Mailing Address 445 WEST VINE STREET Suite, Apt. #, etc.		E 1	DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, e	nc.				DO NOT WRITE IN THIS SPACE		
City & State	EE FL	City & State KISSIMMEE	FL	4	4. FEI Number 59-3151401 Applied For Not Applicable		
34741	Country USA	^{Zip} 34741	Country USA	5	5. Certificate of Status Desired See Required Fee Required		
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent		
LAWRENCE, RICHARD C 2941 PEMBRIDGE STREET KISSIMMEE FL 34747			Street 970	THE ADDREASE RICHARD C THE ADDRESS (P.O. BOX Number is Not Acceptable) TOS AVALON WOODS DRIVE TOSSIMMEE FL Zip Code 87			
9. This corporati	fature, typed or printed name of registered agent at on is eligible to satisfy its Intangible direment and elects to do so.	RICHARD C Lond title if applicable. (NOTE: 1 FILE NOW!!! After MAY 1, 200 Make Check Payable	Registered Agent sign FEE IS \$150 Fee will be	nature required whe 0.00 \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
11.	OFFICERS AND I	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TREET ADDRESS 29	AWRENCE, RICHARD 941 PEMBRIDGE STREET SSIMMEE FL 34747	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	19708	ENGE RICHARD B AVALON WOODS DRIVE 1ER GARDEN FL 34787		
TITLE STANDE LASTREET ADDRESS 29		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAWR 9708	EChange Addition RÉNCÉ HAYRIYÉ PAVALOW WOODS DRIVÉ VER CARDEN FL 34787		
ITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition		
TITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	☐ Change ☐ Addition		
ITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3	☐ Change ☐ Addition		

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Addition