

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90732 012 ***150.00

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1. Entity Name
CENTRAL RIDGE, INC.



Principal Place of Business
**1216 SOUTH SCENIC HIGHWAY
POST OFFICE BOX 545
FROSTPROOF FL 33843
US**

Mailing Address
**1216 SOUTH SCENIC HIGHWAY
POST OFFICE BOX 545
FROSTPROOF FL 33843
US**



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 **59-3214772**

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

7. Name and Address of New Registered Agent

**WILSON, MARY RUTH
1 AIRPORT RD
PO BOX 545
FROSTPROOF FL 33843**

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	DVP	<input type="checkbox"/> Delete
NAME	SULLIVAN, PAUL STEPHEN	
STREET ADDRESS	1110 NO ROBERTS RD	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, INEZ KING	
STREET ADDRESS	1216 SOUTH SCENIC HIGHWAY	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WILSON, MARY RUTH SULL	
STREET ADDRESS	1 AIRPORT ROAD	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SULLIVAN, VICTORIA I	
STREET ADDRESS	211 E. CELESTE	
CITY-ST-ZIP	NEW IBERIA LA 70562	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	LITTLEFORD, ELAINE SULLIVA	
STREET ADDRESS	975 FINROD WAY	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KEISTER, NANCY SULLIVAN	
STREET ADDRESS	8954 LAKEBRIDGE DR	
CITY-ST-ZIP	LEWIS CENTER OH 43035	

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1506 BRADSHIRE DR
CITY-ST-ZIP	COLUMBUS, OH 43220

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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 863-635-4172

Date Daytime Phone #

CR2E034 (10/02)