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

## P94000008662 **DOCUMENT #**



**FILED** Mar 13, 2003 8:00 am & Secretary of State

RIDGEWOOD HOMES, INC.							03-13-2003 90	043 025	7 *** 130	).00	
Principal Place of Business 101 SPANISH MOSS RD DAVENPORT FL 33837			Mailing Address 101 SPANISH MOSS RD DAVENPORT FL 33837				 1 1003/001 (40 101() 80/() 80/() 80/()				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FEI Number 59-3324241			Applied For Not Applicable	
Zip Country		<u> </u>	Zip	Cour	ntry		Certificate of Status Desired	□ F	8.75 Ad ee Require		]
	and Address of Current	7. Name and Address of New Registered Agent						4			
BDVNDU	M IACK				Name	. , 📮					-
Brandon, Jack 130 East Central Ave.					Street Address (P.O. Box Number is Not Acceptable)						
LAKE WA	153										
					City	FL Zip Code					_
8. The above the obligat	e named entity tions of regist	y submits this statement for lered agent.	or the purpose of changin	ig its register	ed office or regis	itered ag	ent, or both, in the State of Florid	a. I am far	miliar with,	and accept	İ
SIGNATURE	Signature, typed	or printed name of registered agent	t and title it applicable.	(NOTE: Registere	ed Agent signature requ	ired when re	einstating)	DATE			-
Afte	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	of State			Election Campaign Financ Trust Fund Contribution.	cing		00 May Be d to Fees	}		
10.		OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND D	DIRECTOR	S IN 11	1
TITLE	PDT		☐ Delete	TITL	Ε			[	☐ Change	☐ Addition	78
NAME	444 AD 140AA AD			NAM							15
STREET ADDRESS CITY-ST-ZIP	DAVENPO	RT FL 33837			EET ADDRESS -ST-ZIP						700
TITLE	VAS		☐ Delete	TITL	E			{	Change	Addition	1
NAME	SCOTT, M			NAM	-						`
STREET ADDRESS CITY-ST-ZIP		ISH MOSS RD RT FL 33837			ET ADDRESS - ST-ZIP						
	S	111 1 2 30007	□ Balai								-
TITLE NAME	BRANDON	LJĀCK	☐ Delete	TITLI	·			<u>-</u>	Change	☐ Addition	
STREET ADDRESS		NTRAL AVE			ET ADDRESS						
CITY-ST-ZIP		ES FL 33853		CITY	-ST-ZIP						
TITLE	٧		☐ Delete	TITL				[	Change	☐ Addition	1
NAME	WILLIAMS,			NAM	E						
STREET ADDRESS		ISH MOSS ROAD			ET ADDRESS						
CITY-ST-ZIP	<b>.</b>	RT FL 33837			-ST-ZIP			_			4
TITLE	as  lou,ger	AI D	☐ Delete	TITLE	1				Change	Addition	
NAME STREET ADDRESS		ISH MOSS ROAD		NAM STRE	ET ADDRESS						}
CITY-ST-ZIP		RT FL 33837			-ST-ZIP						
TITLE			☐ Delete	TITLE	<del></del>	_		Г	Change	Addition	1
NAME				NAM	<b>I</b>						
STREET ADDRESS					ET ADDRESS						
CITY-ST-ZIP	ľ			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: