2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000013914 **DOCUMENT#**

1. Entity Name

ELDRIDGE CONSTRUCTION, INC.

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Apr 18, 2003 8:00 am Secretary of State
04-18-2003 90114 047 ***150.00

Principal Place of Business HIGHWAY 12 SOUTH BRISTOL FL 32321		Mailing Address P.O. BOX 833 BRISTOL FL 32321				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3230221 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent		
ELDRIDGE, LARRY HIGHWAY 12 SOUTH BRISTOL FL 32321				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 Fiorida. 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						
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Departmen			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	<u> </u>	ND DIRECTORS	11,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITE: NAME STREET ADDRESS CITY-ST-ZIP	P ELDRIDGE, LARRY HIGHWAY 12 SOUTH BRISTOL FL 32321	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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)(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:

