

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000038481

1. Entity Name

RIDGE PALLETS, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90041 022 ***550.00

Principal Place of Business

1470 HIGHWAY 17 SOUTH
BARTOW FL 33830

Mailing Address

POST OFFICE BOX 819
BARTOW FL 33831-0819
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3246017

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FLETCHER, CASEY A
1470 HIGHWAY 17 SOUTH
BARTOW FL 33830

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DCOO			
	HOLLAND, A.E. JR.	1470 HIGHWAY 17 SOUTH	BARTOW FL	
	CEO			
	MAULTSBY, VANCE K JR.	1470 HIGHWAY 17 SOUTH	BARTOW FL 33830	
	SCAO			
	FLETCHER, CASEY A	1470 HIGHWAY 17 SOUTH	BARTOW FL 33830	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/00
Date

863-533-1147
Daytime Phone #

CR2E034 (9/99)