

2000 UNIFORM BUSINESS REPORT (UBR)

0011741

1052

DOCUMENT # - P95000030658

1. Entity Name
RIDLEY OWENS, INC.

FILED

00 SEP 25 AM 8:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
6312 N.W. 18TH DRIVE
SUITE 100
GAINESVILLE FL 32653

Mailing Address
6312 N.W. 18TH DRIVE
SUITE 100
GAINESVILLE FL 32653

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **54-1779021**

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

**RIDLEY, JAMES L JR.
441 SW 35TH TERRACE
GAINESVILLE FL 32608**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | D | <input type="checkbox"/> Delete |
| NAME | RIDLEY, JAMES L JR. | |
| STREET ADDRESS | 4410 SW 35TH TERRACE | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | OWENS, CLYDE A | |
| STREET ADDRESS | 6312 NW 18TH DR | |
| CITY-ST-ZIP | GAINESVILLE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: **KE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/06
Date

Daytime Phone #

CR2E034 (5/00)

RIDLEY OWENS INC.

DETENTION EQUIPMENT CONTRACTING & SUPPLY

20F2

6312 N.W. 18th Drive
Suite 100
Gainesville, Florida 32653

Phone (352) 335-6218
Fax (352) 336-1107

July 14, 2000

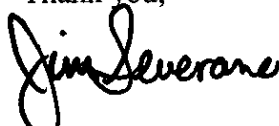
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Maam:

Please accept our Uniform Business Report. We did not receive the report apparently in the mail. It is not our intention to miss filing this report and paying the annual fees associated with filing. Please accept our late filing of this report.

Please contact me should you have any questions regarding this.

Thank you,



Jim Severance