

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90128 046 ***150.00

DOCUMENT # P97000033982

1. Entity Name
ALDRICH & RAMSEY ENTERPRISES, INC.

Principal Place of Business
2737 BUCKTHORN WAY
NAPLES FL 34105

Mailing Address
2737 BUCKTHORN WAY
NAPLES FL 34105



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number	59-3440527	Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALDRICH, DAVID 2737 BUCKTHORN WAY NAPLES FL 34105		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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDRICH, DAVID	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3016	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, SUSAN A	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3106	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, BENJAMIN S	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34104-3106	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, WILLIAM N JR.	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3106	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, WILLIAM S	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3106	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, SANDRA	NAME	
STREET ADDRESS	2737 BUCKTHORN WAY	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34105-3106	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: *David Aldrich* **DAVID ALDRICH, PRES.** *4-16-02* (239) 262-6699
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)