

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90132 004 ***150.00

DOCUMENT # P97000086103

1. Entity Name

RON & THEA, INC.



Principal Place of Business
**12506 MISSION HILLS DR. S.
JACKSONVILLE FL 32225**

Mailing Address
**12506 MISSION HILLS DR. S.
JACKSONVILLE FL 32225**

2. Principal Place of Business

#2583 Masters Ridge Dr
Suite, Apt. #, etc.

3. Mailing Address

#2583 Masters Ridge Dr
Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32225-4659

Country

USA

Zip

32225-4659

Country

USA

4. FEI Number

59-3473419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ELKINS, HAROLD

6061 MERRILL RD.

JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

120 ST. JOHN'S BLUFF Rd. No. #4

City

JAX. FLA.

FL

Zip Code

32225-7703

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. 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

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ARLEDGE, RONALD**
STREET ADDRESS **12506 MISSION HILLS DR. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ Delete
NAME **RON ARLEDGE**
STREET ADDRESS **12583 MASTERS RIDGE DR**
CITY-ST-ZIP **JACKSONVILLE, FL 32225-4659**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **#2583 Masters Ridge Dr**
CITY-ST-ZIP **Jacksonville FL 32225-4659**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)