

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

0326951

DOCUMENT # P97000092799

1. Entity Name
ALDRIDGE CONTRACTING, INC.

04-13-2001 90015 004 ***150.00

Principal Place of Business
**3045 NORTH FEDERAL HIGHWAY
 DELRAY BEACH FL 33483**

Mailing Address
**3045 NORTH FEDERAL HIGHWAY
 DELRAY BEACH FL 33483**

041141



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1485 RANCHETTE ROAD
 Suite, Apt. #, etc.
West Palm Beach, FL
 City & State

3. Mailing Address
1485 RANCHETTE ROAD
 Suite, Apt. #, etc.
West Palm Beach, FL
 City & State

4. FEI Number **65-0796266** Applied For
 Not Applicable

Zip *33415* Country Country
 Zip *33415* 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

**CRAMMER, EDWIN L
 7481 WEST OAKLAND PARK BOULEVARD
 SUITE 102
 LAUDERHILL FL 33319**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 | D | <input type="checkbox"/> Delete |
| NAME | ALDRIDGE, BRADFORD E | |
| STREET ADDRESS | 921 FLAMANGO COURT E | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALDRIDGE, SANDRA M | |
| STREET ADDRESS | 921 FLAMANGO COURT E | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33406 | |
| 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 | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Aldridge, Bradford E.</i> | |
| STREET ADDRESS | <i>1485 RANCHETTE ROAD</i> | |
| CITY-ST-ZIP | <i>WEST PALM BEACH, FL 33415</i> | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Aldridge, Sandra M.</i> | |
| STREET ADDRESS | <i>1485 RANCHETTE ROAD</i> | |
| CITY-ST-ZIP | <i>WEST PALM BEACH, FL 33415</i> | |
| 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 | | |
| 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: *Sandra M. Aldridge* *Sandra M. Aldridge* *4-10-01* *561-686-4149*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)