

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013047

1. Entity Name

RIDGEWAY - RUDOLPH, INC.

FILED

Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90074 042 ***150.00

Principal Place of Business

8560 SE GOMEZ AVENUE
HOBE SOUND FL 33455

Mailing Address

8560 SE GOMEZ AVENUE
HOBE SOUND FL 33455-3912

2. Principal Place of Business

Boley + Dattore

3. Mailing Address

11900 SE Federal Hwy

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

Hobe Sound FL

City & State

HOBE SOUND, FL

Zip

33455

Country

USA

Zip

33455

Country

USA

4. FEI Number

65-0900645

Applied For

Not Applicable

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

RUDOLPH, GEORGE P
8560 SE GOMEZ AVENUE
HOBE SOUND FL 33455

Name

Leslie Baley

Street

11900 SE FED HWY

City

HOBE SOUND

State

FL

Zip

33455

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	<i>OWNER Victoria Rudolph 19 Gainsboro Ct. MONTAUK, New York 11954</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)