

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90328 013 ***150.00

DOCUMENT # P99000013047

1. Entity Name

RIDGEWAY - RUDOLPH, INC.

Principal Place of Business

C/O BOLEY & FATHORI
11900 SE FEDERAL HWY. STE 205
HOBE SOUND FL 33455
US

Mailing Address

C/O BOLEY & FATHORI
11900 SE FEDERAL HWY. STE 205
HOBE SOUND FL 33455
US

2. Principal Place of Business

PO Box 331

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Montauk, NY

City & State

Zip

Zip

Country

USA

Country

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

BALEY, LESHE
11900 SE FED HWY
HOBE SOUND FL 33455

Correct Spelling

Name

Leslie Boley

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

11900 SE FED HWY

City

HOBE SOUND

FL

Zip Code

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
0
RUDOLPH, VICTORIA
19 GAINS VARD ST
MONTAUK NY 11954

☐ Delete

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

TITLE
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☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/30/01

Date

631-6685760

Daytime Phone #

CR2E034 (10/00)