

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90177 004 ***150.00

DOCUMENT # P99000054803

1. Entity Name
KINGS RIDGE DEVELOPERS, INC.



Principal Place of Business
902 E BLOUNT ST
PENSACOLA FL 32503

Mailing Address
PO BOX 30664
PENSACOLA FL 32503



2. Principal Place of Business

205 E. INTENDENCIA ST.

3. Mailing Address

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
PENSACOLA FL

City & State

4. FEI Number **59-3356728**

Applied For
Not Applicable

Zip
32501

Country
USA

Zip

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

VAN MATRE, THOMAS G JR
4300 BAYOU BLVD STE 16
PENSACOLA FL 32503

Name
MICHAEL E. MABIRE

Street Address (P.O. Box Number is Not Acceptable)
205 E. INTENDENCIA ST.

City **PENSACOLA** **FL** **Zip Code** **32501**

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

1-7-03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDST** ☒ **Delete**
NAME **MABIRE, MICHAEL**
STREET ADDRESS **#54 CALLE MARBELLA**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE **P** ☒ **Change** ☐ **Addition**
NAME **MICHAEL E. MABIRE**
STREET ADDRESS **P.O. BOX 30664**
CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-7-03 850-435-7524

CR2E034 (10/02)