

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State
 04-22-2002 90143 007 ***150.00

DOCUMENT # P99000089281

1. Entity Name
JAN SCHUURMAN RIDLEY, P.A.

Principal Place of Business
914 ATLANTIC AVE
STE 1-E
FERNANDINA BEACH, FL 32034

Mailing Address
914 ATLANTIC AVE
STE 1-E
FERNANDINA BEACH, FL 32034

2. Principal Place of Business
1601 Gerbing Rd.
 Suite, Apt. #, etc.
Suite 210

3. Mailing Address
1601 Gerbing Rd.
 Suite, Apt. #, etc.
Suite 210

City & State
Fernandina Beach, FL

City & State
Fernandina Beach, FL

Zip
32034

Country
USA

Zip
32034

Country
USA

4. FEI Number **59-3598791**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUURMAN RIDLEY, JAN
914 ATLANTIC AVE
STE 1-E
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

Name **JAN SCHUURMAN RIDLEY**
 Street Address (P.O. Box Number is Not Acceptable)
1601 Gerbing Rd. Suite 210
 City **Fernandina Beach** **FL** Zip Code **32034**

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

4-12-02

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, 2002 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

TITLE **D** ☐ Delete
 NAME **SCHUURMAN RIDLEY, JAN**
 STREET ADDRESS **914 ATLANTIC AVE, STE 1-E**
 CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)