2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90191 010 ***150.00

DOCUMENT # P99000109984

1. Entity Name
FOX RIDGE ESTATES, INC.

Principal Place of Business	Mailing Address
5621 GRAMPS TRAIL MACCLENNY, FL 32063	5621 GRAMPS TRAIL MACCLENNY, FL 32063

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5921 Deercreek lane	5921 Deercreek lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Macclenny, FL	City & State: Macclenny, FL
Zip: 32063 Country: USA	Zip: 32063 Country: USA

4. FEI Number: 59-3615193 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COMBS, TIMOTHY L
5621 GRAMPS TRAIL
MACCLENNY, FL 32063

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 4-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	COMBS, TIMOTHY L	5621 GRAMPS TRAIL	MACCLENNY, FL 32063	☐
D	CANADY, MITCHELL	RT. 1, BOX 401	SANDERSON, FL 32087	☐
				☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Combs, Timothy L.	5921 Deercreek Lane	Macclenny, FL 32063	☒	☐
D	Canaday, Mitchell	P.O. Box 1018	Macclenny, FL 32063	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CR2E034 (10/02)

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] 4-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #