

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90090 004 ***150.00

U0556202 AV

DOCUMENT # **V28412**

1. Entity Name
RIDENHOUR CONCRETE & SUPPLY, INC.



90019647



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**14058 MT. PLEASANT RD.
JACKSONVILLE FL 32225**

Mailing Address
**14058 MT. PLEASANT RD.
JACKSONVILLE FL 32225**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 350729
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32235-0729

Country

4. FEI Number **59-3127581** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**RIDENHOUR, RICKY J.
14058 MT. PLEASANT RD.
JACKSONVILLE FL 32225**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, LEONA 14058 MT. PLEASANT RD. JACKSONVILLE FL 32225	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVD RIDENHOUR, DEBRA 14058 MT. PLEASANT ROAD JACKSONVILLE FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RIDENHOUR, BRIAN J 14058 MT. PLEASANT RD JACKSONVILLE FL 32225	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIDENHOUR, RICKY J 14058 MT PLEASANT RD JACKSONVILLE FL 32225	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARTLEY, HEATHER 14058 MT PLEASANT RD JACKSONVILLE FL 32225	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/03 **904-221-3205**
Date Daytime Phone #

CR2E034 (10/02)