

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90119 012 ***150.00

DOCUMENT # P02000044227

1. Entity Name
RANO, INC.



Principal Place of Business
**3440 E LAKE ROAD STE 106
PALM HARBOR FL 34685**

Mailing Address
**3440 E LAKE ROAD STE 106
PALM HARBOR FL 34685**

2. Principal Place of Business
4174 WOODLANDS PKWY
Suite, Apt. #, etc.

3. Mailing Address
4174 WOODLANDS PKWY
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
PALM HARBOR FL

City & State
PALM HARBOR FL

4. FEI Number
02-0615610

Applied For
 Not Applicable

Zip
34685

Country
Pinellas

Zip
34685

Country
Pinellas

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

NOLAN, JAMES
3440 E LAKE ROAD STE 106
PALM HARBOR FL 34685

Name
JAMES M. NOLAN
Street Address (P.O. Box Number is Not Acceptable)
4174 WOODLANDS PKWY

City **PALM HARBOR** **FL** Zip Code **34685**

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 *James M. Nolan*

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JAMES H. NOLAN 4174 WOODLANDS PKWY PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAM RAIMONDI 4174 WOODLANDS PKWY PALM HARBOR FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MARGARET H. NOLAN 4174 WOODLANDS PKWY PALM HARBOR, FL 34685	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James M. Nolan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)