2001 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2001 8:00 am **DOCUMENT # 671225 Secretary of State** 1. Entity Name RANCHMASTER INC. 03-20-2001 90044 033 ***150.00 Principal Place of Business Mailing Address 2463 SW 14TH TERR. 2463 SW 14T TERR PALM CITY FL 34990 PALM CITY FL 34990 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2009442 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent WALDBAUER, CHARLES H. Street Address (P.O. Box Number is Not Acceptable) 2463 SW 14TH TERR. PALM CITY FL 34990 City 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) **PST** Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME WALDBAUER, CHARLES H. STREET ADDRESS STREET ADDRESS 2463 SW 14TH TERR. CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL TITLE Delete TITLE Change NAME NAME WALDBAUER, CHARLES H. STREET ADDRESS STREET ADDRESS 2463 SW 14TH TERR. CITY-ST-ZIP CITY-ST-ZIP-PALM CITY FL Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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SIGNATURE:

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.

Daytime Phone