

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 05, 2001 8:00 am**
Secretary of State

03-05-2001 90068 004 ***150.00

DOCUMENT # 846454

1. Entity Name

RANILOD, INC.

Principal Place of Business

Mailing Address

**38892 N DEEP LK RD.
P O BOX 6099
LAKE VILLA IL 60046****P O BOX 6099
LAKE VILLA IL 60046
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-2558736**

Applied For

Not Applicable

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DOLINAR, EDWARD F
38892 N DEEP LK RD.
LAKE VILLA IL 60046** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
DOLINAR, JEAN K
38892 N DEEP LK RD.
LAKE VILLA IL 60046** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PI D
JEAN K. DOLINAR
807 LIMPET DR
SANIBEL, FL 33957** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BLAIRE E. DOLINAR
289 HUNTERS RIDGE RD
WINCHESTER, VA 22602** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Bradford J. Dolinar
15 Colleen Ct
Grayslake, IL 60060** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SIT
SUSAN L. DOLINAR
289 HUNTERS RIDGE RD
Winchester, VA 22602** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **SUSAN L. DOLINAR**
Susan L. Dolinar, SECRETARY/TREAS 2/21/01 540-535-0438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)