

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90173 030 ***150.00

DOCUMENT #F01000003649	
1. Entity Name <i>Rancher's Supply, Incorporated</i>	

DO NOT WRITE IN THIS SPACE

40025171

2. Principal Place of Business <i>P.O. Box 725</i> <i>100 McBride Ln</i>	3. Mailing Address <i>P.O. Box 725</i> <i>Suite, Apt. #, etc.</i>
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DO NOT WRITE IN THIS SPACE

City & State <i>ALPINE, TEXAS</i>	City & State <i>ALPINE, TEXAS</i>
Zip <i>79831</i>	Country <i>U.S.A</i>

4. FEI Number <i>742112011</i>	Applied For ☐ Not Applicable
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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Roy McBride</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>26701 Burdon Rd</i>	
(P.O. Box 178) mailing - Address.	
City <i>Ochopee, FL</i>	Zip Code <i>34741</i>

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 *No Change*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Roy McBride - Pres. (P)</i> <i>OWNER</i> <i>100 McBride Lane</i> <i>P.O. Box 725 ALPINE, TEXAS 79831</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Randy McBride - V.P. (V)</i> <i>Box 725 ALPINE, TEXAS</i> <i>79831</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Wayne Davis - Supervisor (S)</i> <i>Box 725</i> <i>ALPINE, TEXAS - 79831</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Roy McBride - Roy McBride* *Feb-28, 2005* *239-695-2287*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)