

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90193 031 ***150.00

DOCUMENT # F96000004709

1. Entity Name
HIDDEN OAK RANCH, INC.

Principal Place of Business
 % DE FIORE, PENN & CASINELLI, PC
 888 W. BIG BEAVER RD., SUITE 1440
 TROY MI 48064

Mailing Address
 4800 STONELEIGH
 888 W. BIG BEAVER RD., SUITE 1440
 BLOOMFIELD HILLS MI 48302



2. Principal Place of Business
DeFiore, Hallman & Co
 Suite, Apt. #, etc.
39533 Woodward Av.

3. Mailing Address
 Suite, Apt. #, etc.
4800 Stoneleigh

City & State
Bloomfield Hills, Mi

City & State
Bloomfield Hills, Mi

Zip
48304

Zip
48302

4. FEI Number **38-3185427**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, ELEANOR S
3853 CHATSWORTH GREENE CIR
UNIT 18
SARASOTA FL 34235

7. Name and Address of New Registered Agent

Name *Williams Eleanor*
 Street Address (P.O. Box Number is Not Acceptable)
6670 Windjammer Pl.
 City *Bradenton* FL Zip Code *34202*

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	Delete
NAME	WILLIAMS, ELEANOR S	
STREET ADDRESS	1450 TEMPLE CITY	
CITY-ST-ZIP	TROY MI 48099	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V.P.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>JARVIS Williams</i>	
STREET ADDRESS	<i>4800 Stoneleigh</i>	
CITY-ST-ZIP	<i>Bloomfield Hills, Mi 48302</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Williams, Eleanor S</i>	
STREET ADDRESS	<i>4800 Stoneleigh</i>	
CITY-ST-ZIP	<i>Bloomfield Hills, Mi 48302</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature of P. Williams *Per* *July 3 - 2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

All Acknowledgment

Doc# F96000004709

1501288270

7-5-02

The D of C forms were not received previous to the receipt of this notice. As requested \$150⁰⁰ is enclosed.

Thank you.

Jarvis Williams for
Eleanor Williams Pres. of
Hidden Oaks Ranch.

Encl - 1