2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Na	JMENT # G40023 RANCH, INC.	• •	<u>-</u>		Secr	etary of	State
Principal Place of Business 350 MEADOWLARK COURT MARCO ISLAND FL 33937 US		Mailing Address 350 MEADOWLARK COURT MARCO ISLAND FL 33937 US			2 (88)(1) 87() 8(9) 88() 88() 8 (1) 8 (1) 10 (1) 10 (1) 10 (1) 10 (1) 10 (1) 10 (1) 10 (1) 10 (1) 10 (1)		
2. Principal Place of Business 11440 Riggs Road Suite, Apt. #, etc.		3. Mailing Address 11 440 Rig Suite, Apt. #, etc.	11440 Riggs Koad		DO NOT WRITE IN THIS SPACE		
Valores Zip 3411	Country CUS A	Zip 34114	Country U	SA 5.	EEL Number 59-228937 Certificate of Status Desired	\$8.75 A	
PRESBITERO, DONALD E. 350 MEADOW LARK CT. MARCO ISLAND FL 33937 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Name 1							
8. The above named entity submits this statement for the purpose of changing its re-pistered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or privide name of registered agent and size if applicable. (NOTE: Registered Agent lignarity required when remistating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Tout Contribution							
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 200 Make Check Payable 11. OFFICERS AND DIRECTORS				t of State	Trust Fund Contribution	on. Li Adde	ed to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESBITERO, JEFFREY 350 MEADOWLARK CT MARCO ISLD FL	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	Rfres bitere Riggs Road FL 34114	反 Change	HSEE COO COOL TO COOL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PRESBITERO, DONALD E .350_MEADOWLARK.CT MARCO ISLD FL	☐ Delata	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition &
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE 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: SIG							