

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J27490

1. Entity Name

LAKE TRAFFORD DRIVE THRU, INC.

Principal Place of Business

2313 LAKE TRAFFORD ROAD  
IMMOKALEE FL 34142  
US

Mailing Address

2313 LAKE TRAFFORD ROAD  
IMMOKALEE FL 34142-2652  
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

59-2744183

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

RANKIN, PATSY J.  
1806 O'QUINN ROAD  
IMMOKALEE FL 34142

Name

Street Address (P.O. Box Number is Not Acceptable)  
2501 11TH STREET WEST

City

LEHIGH ACRES

FL

Zip Code  
33971

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, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS RANKIN, PATSY J  
CITY-ST-ZIP 1806 O'QUINN RD  
IMMOKALEE FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2501 11TH STREET WEST  
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAT RANKIN

1/31/00

Date

941-657-4211

Daytime Phone #

FILED  
Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90093 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)