

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J32733

1. Entity Name  
NANCY BARANET, INC.

Principal Place of Business Mailing Address  
% NANCY BARANET, TRAILS WEST % NANCY BARANET, TRAILS WEST  
65 ELMWOOD TRAIL, TRAIL WEST 65 ELMWOOD TRAIL, TRAIL WEST  
DELAND FL 32724 DELAND FL 32724

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 59-2720072 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

BARANET, NANCY  
65 ELMWOOD TRAIL  
TRAILS WEST  
DELAND FL 32720

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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  
STREET ADDRESS  
CITY-ST-ZIP  
PDT  
BARANET, NANCY  
65 ELMWOOD TRL, TRAILS W  
DELAND FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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 the empowered.

SIGNATURE: \_\_\_\_\_  
Signature and typed or printed name of signing officer or director

Date Devtime Phone #

**FILED**  
**Jan 08, 2002 8:00 am**  
**Secretary of State**

01-08-2002 90028 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/01)

1-4-02 386-736 (327)