

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54806

1. Entity Name  
TEN FOUR CB STORE, INC.

Principal Place of Business

3985 NW HWY 326  
OCALA FL 34482  
US

Mailing Address

3985 NW HWY 326  
~~4004 NORTHWEST COUNTY HIGHWAY 326~~  
OCALA FL 34482  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RUNAGER, BREHAN W  
3985 NW HWY 326  
OCALA FL 34482

7. Name and Address of New Registered Agent

Name: Runager, Brennan, W.  
Street Address (P.O. Box Number is Not Acceptable): 3985 N.W. Hwy 326  
City: Ocala FL Zip Code: 34482

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, 2001 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUNAGER, BARBARA 4034 NW COUNTY HWY #326 OCALA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDC RUNAGER, BREHAN W. 3075 NE 49TH ST OCALA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T/D/C Brenan W. Runager 3985 N.W. Hwy 326 Ocala, FL 34482	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/N/D/C Karen G. Runager 3985 N.W. Hwy 326 Ocala, FL 34482	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Karen G. Runager

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenan W. Runager

Date

3/27/01

Daytime Phone #

352-732-4316

FILED  
Mar 29, 2001 8:00 am  
Secretary of State

03-29-2001 90387 016 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)