2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015185

1. Entity Name

RAGNER MANUFACTURING, LLC

Principal Place of Business	Mailing Address
1014 NE 3RD ST GAINESVILLE FL 32601	1014 NE 3RD ST GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

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 **EIN 01-0612237**   Applied For / Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RAGNER, GARY DEAN 711-103 SW 75TH ST GAINESVILLE FL 32607	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 _~Roy Ragner~_ Gary Ragner 3/12/02

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

($55.00)

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE President NAME Robert de Rochemont, Jr. STREET ADDRESS 1014 NE 3rd st. CITY-ST-ZIP Gainsville FL 32608 (32601)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE CEO NAME Gary Ragner STREET ADDRESS 711-103 sw 75th st. CITY-ST-ZIP Gainesville, FL 32607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _~Gary Ragner~_ (Gary Ragner)   3/12/02   (352) 331-0041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #