

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

0587112 AT

**DOCUMENT # L86530**

1. Entity Name  
**FANTASY MOTORCOACHES, INC.**

02-04-2002 90036 035 \*\*\*150.00

Principal Place of Business Mailing Address  
**RT 5 BOX 6115 RT 5 BOX 6115**  
**MADISON FL 32340 MADISON FL 32340**  
**US US**



2. Principal Place of Business 3. Mailing Address

**405 NE-ALYSSUM LOOP**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

**MADISON FL**

4. FEI Number **59-3019217** Applied For Not Applicable

Zip Country Zip Country

**32340 USA**

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

**RAGANS, RONALD EDWARD**  
**RT 5 BOX 6114**  
**MADISON FL 32340**

Name **Ronald EDWARD RAGANS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**377 NE ALYSSUM LOOP**  
 City **MADISON FL** Zip Code **32340**

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 \_\_\_\_\_ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST RAGANS, RONALD EDWARD RT 5 BOX 6114 MADISON FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST RAGANS, RONALD EDWARD 377 NE ALYSSUM LOOP MADISON FL 32340</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 all other like empowered.

SIGNATURE: **Ronald Edward Ragans** Date **1-17-02** Daytime Phone # **850-973-2888**

CR2E034 (9/01)