

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12040

1. Entity Name

RANCH AND GROVE PATROL, INC.

Principal Place of Business

4700 W. MIDWAY RD.
FT PIERCE FL 34981

Mailing Address

C/O LOU COSTOPOULOS
307 CHERRY HILL ROAD
PORT SAINT LUCIE FL 34953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2588906

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOGAN, KENNY
11785 WILLIS ROAD
FORT PIERCE FL 34945

7. Name and Address of New Registered Agent

Name

RICHARD SKOG

Street Address (P.O. Box Number is Not Acceptable)

307 CHERRY HILL RD.

City

PORT ST. LUCIE

FL

Zip Code

34953

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

RICHARD SKOG Richard Skog

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME MERCHANT, DENNIS
STREET ADDRESS 2482 SW VELARDE ST
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE VP ☒ Delete
NAME GLISSON, DAVID
STREET ADDRESS 716 SW AVENS STREET
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE D ☐ Delete
NAME MCSWAIN, RONNIE
STREET ADDRESS 1316 WHITE OAK LANE
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE D ☐ Delete
NAME SMITH, VERNON
STREET ADDRESS 3150 NORTH A1A #501
CITY-ST-ZIP FT PIERCE FL 34982

TITLE S ☐ Delete
NAME BLOOMFIELD SHELIA
STREET ADDRESS 3209 VIRGINA AVE
CITY-ST-ZIP FT PIERCE FL 34954

TITLE T ☐ Delete
NAME SKOG, RICHARD
STREET ADDRESS 307 CHERRYHILL RD
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRES. ☒ Change ☐ Addition
NAME GLISSON, DAVID
STREET ADDRESS 4907 SPARKLING PINES CIR
CITY-ST-ZIP FT. PIERCE FL. 34951

TITLE V.P. ☒ Change ☐ Addition
NAME BROWN, ROLLINS
STREET ADDRESS 3636 INDIAN RIVER DR.
CITY-ST-ZIP VERO BEACH FL. 32963

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

4/21/02

772-464-8914

CR2E037 (9/01)