

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 01, 2002 8:00 am**  
**Secretary of State**

07-01-2002 90311 050 \*\*\*550.00

**DOCUMENT # P00000042032**

**1. Entity Name**  
**SOUTH FLORIDA RANCH & GROVE SERVICES INC.**

**Principal Place of Business**

**2174 SW 19TH LN.**  
**OKEECHOBEE FL 34974**

**Mailing Address**

**2174 SW 19TH LN.**  
**OKEECHOBEE FL 34974**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number** **65-1042283**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COOK, JOHN R**  
**202 NW 5TH AVE.**  
**OKEECHOBEE FL 34972**

**7. Name and Address of New Registered Agent**

Name **M. Matthew Williams**

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

**2174 S.W. 19th Lane**

City **Okeechobee** **FL** Zip Code **34974**

**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 **M. Matthew Williams** *Matthew Williams* **6-24-02**  
 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE **PSD** ☐ Delete  
 NAME **WILLIAMS, MATTHEW**  
 STREET ADDRESS **2174 SW 19TH LN.**  
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE **VTD** ☒ Delete  
 NAME **COOK, MATTHEW**  
 STREET ADDRESS **4114 SW 16TH ST.**  
 CITY-ST-ZIP **OKEECHOBEE FL 34972**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 like empowered.**

SIGNATURE: *Matthew Williams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-24-02** **863-634-7163**  
 Date Daytime Phone #

CR2E034 (9/01)