

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90151 011 ***150.00

DOCUMENT # P00000091530

1. Entity Name

H. RATLIFF AND SONS, INC.



Principal Place of Business

7620 185TH ROAD
LIVE ROAD FL

Mailing Address

~~PO BOX 6130~~
~~LIVE OAK FL 32064~~

2. Principal Place of Business

7620 185TH ROAD
Suite, Apt. #, etc.

3. Mailing Address

7620 185TH ROAD
Suite, Apt. #, etc.

City & State

LIVE OAK, FLA.

City & State

LIVE OAK

Zip

32060

Country

FLORIANNEE

Zip

32060

Country

FLORIANNEE

6. Name and Address of Current Registered Agent

RATLIFF, HOMER F
7620 185TH ROAD
LIVE ROAD FL

4. FEI Number

59-3684774

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
DST	RATLIFF, HOMER F	PO BOX 6130	LIVE OAK FL 32064	<input type="checkbox"/>						
P	RATLIFF, NEAL F	PO BOX 6130	LIVE OAK FL 32064	<input type="checkbox"/>						
VP	RATLIFF, DENNIS J.	PO BOX 6130	LIVE OAK FL 32064	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

CR2E034 (10/02)

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 607, 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: HOMER F. RATLIFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-03 386-364-4918

Date

Daytime Phone #