

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90064 023 ***150.00

DOCUMENT # P00000117290

1. Entity Name
RATCO INC.



Principal Place of Business
3810 MISTY WAY
DESTIN FL 32541

Mailing Address
PO BOX 1294
DESTIN FL 32540

2. Principal Place of Business
367 Shore Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6093
Suite, Apt. #, etc.

City & State
Destin, FL
Zip
32550
Country
USA

City & State
Destin, FL
Zip
32550
Country
USA

4. FEI Number 59-3700255

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

OSWALT, GREG
35008 EMERALD COAST PKWY 4TH FL
DESTIN FL 32541

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RATLIFF, GARY	
STREET ADDRESS	367 SHORE DR.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RATLIFF, LESLIE	
STREET ADDRESS	367 SHORE DR.	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVENPORT, BRENDA	
STREET ADDRESS	3810 MISTY WAY	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)