3/18/(

3/)

FILED
May 12, 2002 8:00 am
Secretary of State

03-18-2002 90043 028 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000065960

1. Entity Name
DOUBLE RR RANCH, INC.

Principal Place of Business	Mailing Address
122 SPRINGDALE ROAD LAKE WORTH FL 33467	122 SPRINGDALE ROAD LAKE WORTH FL 33467

- 27757

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
853 Lake Road Suite, Apt. #, etc.	853 Lake Road Suite, Apt. #, etc.
City & State: Monticello, FL	City & State: Monticello, FL 32344
Zip: 32344 Country: USA	Zip: 32344 Country: USA

4. FEI Number: 65-1132116 ☐ Applied For ☐ Not Applicable

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
REDFEARN, VALERIE 122 SPRINGDALE ROAD LAKE WORTH FL 33467	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.

SIGNATURE: Valerie Redfearn — 3/2/02
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 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	Valerie Redfearn 853 Lake Road Monticello, FL 32344	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Valerie L. Redfearn 853 Lake Rd Monticello FL 32344	☐ Delete	TITLE Director	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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: Valerie Redfearn — 3/2/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #