

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90035 049 \*\*\*150.00

**DOCUMENT # P01000074635**

1. Entity Name

**RANSFORD & EUNICE, INC.**

Principal Place of Business

**12411 SW 18TH ST.  
 MIRAMAR FL**

Mailing Address

**12411 SW 18TH ST.  
 MIRAMAR FL**

2. Principal Place of Business

**12411 SW 18 Street**

3. Mailing Address

**12411 SW 18 Street**

Suite, Apt. #, etc.

**N/A**

Suite, Apt. #, etc.

**N/A**

City & State

**Miramar FL**

City & State

**Miramar FL**

Zip

**33027**

Country

**Broward**

Zip

**33027**

Country

**Broward**



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**WHITTAKER, HOMER**

**12411 SW 18TH ST.**

**MIRAMAR FL**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Not applicable**

**4/24/02**

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

**N/A**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS</b> <b>WHITTAKER, HOMER</b> <b>12411 SW 18TH ST.</b> <b>MIRAMAR FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AZAN, MARCIA</b> <b>12411 SW 18TH ST.</b> <b>MIRAMAR FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>GRAHAM, CHRISTOPHER</b> <b>12411 SW 18TH ST.</b> <b>MIRAMAR FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GRAHAM, SUZANNE</b> <b>12411 SW 18TH ST.</b> <b>MIRAMAR FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>not applicable</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>not applicable</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>not applicable</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>not applicable</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>not applicable</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>not applicable</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>not applicable</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Homer E. Whittaker**

**Homer E. Whittaker**

Date

Daytime Phone #

**4/23/02 954-2323718**

CR2E034 (9/01)