

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081964

1. Entity Name
3 R RANCH, INC

Principal Place of Business

2087 ELDRIDGE RD
COTTONDALE FL 32431

Mailing Address

2087 ELDRIDGE RD
COTTONDALE FL 32431

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

KELLEY, RUSSEL L
2087 ELDRIDGE RD
COTTONDALE FL 32431

4. FEI Number

59-3737691

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE P
NAME KELLEY, RUSSEL L
STREET ADDRESS 2087 ELDRIDGE RD
CITY-ST-ZIP COTTONDALE FL 32431 ☐ Delete

TITLE D
NAME KELLEY, R.L.
STREET ADDRESS 2087 ELDRIDGE RD
CITY-ST-ZIP COTTONDALE FL 32431 ☐ Delete

TITLE D
NAME KELLEY, MARY K.
STREET ADDRESS 2087 ELDRIDGE RD
CITY-ST-ZIP COTTONDALE FL 32431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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-08/01/02--01047--036
****150.00

CR2E034 (4/02)

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: [Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/02
Date Daytime Phone #

FILED
02 JUL 26 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9000006855469--1
-10/11/02--01022--005
****150.00 ****150.00



DO NOT WRITE IN THIS SPACE

Attachment
DOC# P01000081964
12/228
3 R RANCH, INC.
2087 ELDRIDGE RD.
COTTONDALE, FL 32431

JUNE 14, 2002

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

DEAR SIR,

~~RE: UNIFORM BUSINESS REPORT~~
~~DOCUMENT # P01000081964~~

I SPOKE WITH YOUR OFFICE TODAY AND ADVISED THEM THAT I HAD NOT RECEIVED THE RENEWAL OF MY CORPORATION. THEY REQUESTED THAT I WRITE A LETTER INDICATING SUCH AND SEND A CHECK FOR \$150 AND THEY WOULD RENEW THE CORPOATION ACCORDINGLY.

KINDLY LET ME KNOW WHEN THIS HAS BEEN DONE.

SINCERELY,


R.L. KELLEY