

2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P01000118121

1. Entity Name

RUSTIC RANCH FURNITURE OF OKEECHOBEE, INC.

Principal Place of Business

400 WN PARK ST.
OKEECHOBEE FL 34972

Mailing Address

400 WN PARK ST.
OKEECHOBEE FL 34972

FILED

02 NOV 18 PM 12:52



OKEECHOBEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

400 WN Park St
Suite, Apt. #, etc.

3. Mailing Address

400 WN Park St
Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

Okeechobee, FL

4. FEI Number

65-1153715

Applied For

Not Applicable

Zip

Country

34972 Okeechobee

Zip

Country

34972 Okeechobee

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULOCK, EDWIN T ESQ.

519 13TH ST. WEST

BRADENTON FL 34205

7. Name and Address of New Registered Agent

Name

Joseph P. Gagliardi

Street Address (P.O. Box Number is Not Acceptable)

2215 SW 22ND CIR

City

Okeechobee

FL

Zip Code

34974

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 PD
NAME GAGLIARDI, NANCY
STREET ADDRESS 2215 SW 22ND CIR.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE VD
NAME GAGLIARDI, JOSEPH P
STREET ADDRESS 2215 SW 22ND CIR.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE S
NAME GAGLIARDI, CHRISTINA
STREET ADDRESS 2215 SW 22ND CIR.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ Delete

TITLE T
NAME GAGLIARDI, CHARLES
STREET ADDRESS 2215 SW 22ND CIR.
CITY-ST-ZIP OKEECHOBEE FL 34974 ☐ 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
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-02

Date

863-763-9899

Daytime Phone #

CR2E034 (4/02)

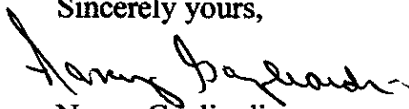
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October 28, 2002

To whom it may concern:

This letter is to inform you that I just received my 2002 Uniform Business Report Document #PO1000118121 and the next day received another letter telling me that I owed \$200.00 more for being late. I talked to someone in your office concerning this situation and he said to write this letter send the form and \$150.00. If you have any questions please feel free to call this number 863-763-9899. Also we are changing the agent's name on the form. Thank you for your time.

Sincerely yours,



Nancy Gagliardi
Rustic Ranch Furniture
400 WN Park Street
Okeechobee, Fl., 34974