

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91071 025 ***150.00

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1. Entity Name
BIG BUCK RANCH, INC.



Principal Place of Business
8410 US 19 #105
PORT RICHEY FL 34668

Mailing Address
8410 US 19 #105
PORT RICHEY FL 34668

44003760



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-2086048

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SWARTSEL, MARK
8410 US 19 #105
PORT RICHEY FL 34668

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 Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D / PRESIDENT** ☐ Delete
NAME **SWARTSEL, MARK**
STREET ADDRESS **8410 US 19 #105**
CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VICE-PRESIDENT**
STREET ADDRESS **ROBINSON, LOISE.**
CITY-ST-ZIP **6067 OLEANDER AVE.**
NEW PORT RICHEY, FL. 34653

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VICE-PRESIDENT**
STREET ADDRESS **SEVERS, HUGH**
CITY-ST-ZIP **3131 BLUFF BLVD.**
HOLIDAY, FL. 34691

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **TRESUREA**
STREET ADDRESS **ODOM, TASON B.**
CITY-ST-ZIP **10714 LAKE ALICE COVE**
ODESSA, FL. 33556

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **SECRETARY**
STREET ADDRESS **BRADLEY, THOMAS B.**
CITY-ST-ZIP **5012 W. CYPRESS ST.**
TAMPA, FL. 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03

Date

727-818-1234

Daytime Phone #

CR2E034 (10/02)