

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90209 024 ***150.00

DOCUMENT # P02000121920

1. Entity Name

S&A RANKIN ENTERPRISES, INC.



Principal Place of Business
12516 OLD STILL COURT
PONTE VEDRA BEACH FL 32082

Mailing Address
12516 OLD STILL COURT
PONTE VEDRA BEACH FL 32082

2. Principal Place of Business

11701-8 SAN JOSE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

11701-8 SAN JOSE BLVD.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
JACKSONVILLE, FL

Zip
32223

Country
USA

City & State
JACKSONVILLE, FL

Zip
32223

Country
USA

4. FEI Number
57-1138531

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RANKIN, STEPHEN C
12516 OLD STILL COURT
PONTE VEDRA BEACH FL 32082

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 *Stephen C Rankin*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/03
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

TITLE **D** ☐ Delete
NAME **RANKIN, STEPHEN C**
STREET ADDRESS **12516 OLD STILL COURT**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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:

Stephen C Rankin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/03
Date

904-880-1867
Daytime Phone #

CR2E034 (10/02)