

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000069900

1. Entity Name

R. M. RANKIN, INC.

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90115 042 \*\*\*150.00

Principal Place of Business

Mailing Address

7531 HIGH RIDGE ROAD  
LANTANA FL 33462

7531 HIGH RIDGE ROAD  
LANTANA FL 33462

2. Principal Place of Business

7531 High Ridge Road

Suite, Apt. #, etc.

3. Mailing Address

7531 High Ridge Road

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip  
33426

Country  
USA

City & State

Boynton Beach, FL

Zip  
33426

Country  
USA

4. FEI Number

65-0529647

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RANKIN, RICHARD  
7531 HIGH RIDGE ROAD  
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name  
Richard Rankin

Street Address (P.O. Box Number is Not Acceptable)  
7531 High Ridge Road

City  
Boynton Beach

FL

Zip Code  
33426

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

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, 2000 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**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RANKIN, RICHARD	
STREET ADDRESS	7531 HIGH RIDGE ROAD	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LUCHTMAN, BARBARA	
STREET ADDRESS	7531 HIGH RIDGE ROAD	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rankin, Richard	
STREET ADDRESS	7531 High Ridge Road	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Luchtman, Barbara	
STREET ADDRESS	7531 High Ridge Road	
CITY-ST-ZIP	Boynton Beach, FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Barbara Luchtman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 561 586 8112  
Date Daytime Phone #

CR2E034 (9/99)