**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

## Jan 19, 2001 8:00 am Secretary of State DOCUMENT # **P9400069900** 1. Entity Name R. M. RANKIN, INC. 01-19-2001 90006 007 \*\*\*150.00 Principal Place of Business Mailing Address 7531 HIGH RIDGE ROAD 7531 HIGH RIDGE ROAD LANTANA FL 33462 LANTANA FL 33462 2. Principal Place of Business 1300 NW 17th Ave 3. Mailing Address 7531 High Ridge Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 255 City & State Applied For City & State 4. FEI Number 65-0529647 Delray Beach, Florida Not Applicable Boynton Beach, Florida Zip Country \$8.75 Additional 5. Certificate of Status Desired 33426 Fee Required 33445 Palm Beach Palm Beach 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name\_\_ Richard Rankin Street Address (P.O. Box Number is Not Acceptable) RANKIN, RICHARD 7531 HIGH RIDGE ROAD 7531 High Ridge Road LANTANA FL 33462 Zip Code FL 33426 Boynton Beach 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11: OFFICERS AND DIRECTORS 12. ☐ Addition CR2E034 (10/00) TITLE TITLE - 😾 Change ☐ Delete NAME RANKIN, RICHARD NAME STREET ADDRESS STREET ADDRESS 7531 HIGH RIDGE ROAD CITY-ST-7IP CITY-ST-ZIP **BOYNTON BEACH FL 33462** Boynton Beach, FL 33426 Delete TITLE Change ☐ Addition TITLE LUCHTMAN, BARBARA NAME NAME STREET ADDRESS STREET ADDRESS 7531 HIGH RIDGE ROAD CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33462** Boynton Beach, FL 33426 TITLE Delete TITLE Change ■ Addition NAME NAME\_ \_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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