

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90292 033 \*\*\*150.00

0639089 AT

DOCUMENT # P95000043181

1. Entity Name  
M & D RANCH, INC.



Principal Place of Business  
20808 HINES RD  
LACOOCHEE FL 33537

Mailing Address  
P.O. BOX 1096  
LACOOCHEE FL 33537

2. Principal Place of Business

3. Mailing Address

P.O. Box 1096

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lacoochee FL

Zip

Country

Zip

33537

Country

4. FEI Number 59-3327104

Applied For

Not Applicable

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

FAGAN, JOSEPH M  
20808 HINES RD  
LACOOCHEE FL 33537

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FAGAN, JOSEPH M JR.	
STREET ADDRESS	20808 HINES RD	
CITY-ST-ZIP	LACOOCHEE FL 33537	
TITLE	VSD	<input checked="" type="checkbox"/> Delete
NAME	FAGAN, DEBRA A	
STREET ADDRESS	20808 HINES RD	
CITY-ST-ZIP	LACOOCHEE FL 33537	
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		

TITLE	President - Director - Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra A. Fagan	
STREET ADDRESS	20808 Hines Rd	
CITY-ST-ZIP	Lacoochee, FL 33537	
TITLE	Vice-President - Secretary - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph M. Fagan, Jr.	
STREET ADDRESS	20808 Hines Rd	
CITY-ST-ZIP	Lacoochee, FL 33537	
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		

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:

*Debra A. Fagan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

Date

(352) 583-2704

Daytime Phone #

CR2E034 (10/02)