

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90058 033 ***150.00

0017036

DOCUMENT # P96000102232

1. Entity Name
RON LARROW ENCLOSURES, INC.

Principal Place of Business
**3977 FERRARRA STREET
 JACKSONVILLE FL 32217**

Mailing Address
**3977 FERRARRA STREET
 JACKSONVILLE FL 32217**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3709 MAIN ST RD.
 Suite, Apt. #, etc.

3. Mailing Address
3709 MAIN ST
 Suite, Apt. #, etc.

City & State
Middleburg FL
 Zip
32068
 Country
USA

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Middleburg FL
 Zip
32068
 Country
USA

4. FEI Number **59-3415356**
 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LARROW, RONALD
 3977 FERRARRA STREET
 JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name
RONALD LARROW
 Street Address (P.O. Box Number is Not Acceptable)
3709 MAIN ST.
 City
Middleburg FL Zip Code
32068

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARROW, RONALD 3977 FERRARRA STREET JACKSONVILLE FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Ronald R. Larrow** **RONALD R LARROW** **4/13/01** **904 282-4401**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)