

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90702 035 \*\*\*150.00

DOCUMENT # P98000026250  
1. Entity Name  
Big Oaks Ranch, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>615 Grand Chenier</u>		3. Mailing Address	
Suite, Apt. #, etc. <u>Cove</u>		Suite, Apt. #, etc.	
City & State <u>Chuluota, FL</u>		City & State	
Zip <u>32766</u>	Country <u>Seminole</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <u>59-3513859</u>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name <u>"Peggy" Margaret Marian Green</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>615 Grand Chenier Cove</u>			
City <u>Chuluota</u> Zip Code <u>32766</u>			

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President - P</u> <u>Quentin L. Green</u> <u>623 Grand Chenier Cove</u> <u>Chuluota, FL 32766</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice-President -</u> <u>"Peggy" Margaret M. Green</u> <u>615 Grand Chenier Cove</u> <u>Chuluota, FL 32766</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: "Peggy" Margaret Marian Green Date 4-4-2002 Daytime Phone # 407-365-8885

CR2E034B (12/01)