

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000097570**

1. Entity Name

**FLYING DAIRT RANCH, INC.****FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90038 023 \*\*\*150.00

Principal Place of Business

**777 ALTURAS RD  
BARTOW FL 33830  
US**

Mailing Address

**331 SOUTH FIRST STREET  
LAKE WALES FL 33853**

2. Principal Place of Business

**777 ALTURAS RD**

Suite, Apt. #, etc.

3. Mailing Address

**331 SOUTH FIRST STREET**

Suite, Apt. #, etc.

City &amp; State

**BARTOW FL 33830**

Zip

**33830**

Country

**US**

City &amp; State

**LAKE WALES FL**

Zip

**33853**

Country

**US**

4. FEI Number

**59-3543146**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FITZGERALD, KENNETH B  
331 SOUTH FIRST STREET  
LAKE WALES FL 33853**

7. Name and Address of New Registered Agent

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.

SIGNATURE

**Kenneth B. Fitzgerald** **KENNETH B. FITZGERALD**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1-10-01**  
DATE9. 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

TITLE	VS	<input type="checkbox"/> Delete
NAME	FITZGERALD, KENNETH B	
STREET ADDRESS	777 ALTURAS RD	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	PT	<input type="checkbox"/> Delete
NAME	PARKS, HARRY W JR.	
STREET ADDRESS	777 ALTURAS RD	
CITY-ST-ZIP	BARTOW FL 33830	
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 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Kenneth B. Fitzgerald** **KENNETH B. FITZGERALD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-01**

Date

**863-678-3165**

Daytime Phone #

CR2E034 (10/00)

0380496