

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91074 037 ***150.00

DOCUMENT # P99000054065

1. Entity Name
B. RAGAN, INC.

Principal Place of Business

Mailing Address

1701 CORAL GARDENS DR
 WILTON MANORS FL 33334

1701 CORAL GARDENS DR
 WILTON MANORS FL 33334

844914



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1300 ST. Charles Place

2353 Edgewater Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 319

City & State
 Pembroke Pines, FL

City & State
 Los Angeles, CA

Zip

Country

Zip

Country

33026

USA

90039

USA

4. FEI Number 22-3659398

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAGAN, STEVEN BRENT
 1701 CORAL GARDENS DRIVE
 WILTON MANORS FL 33334

Name Michael M. Pantori Jr. CPA

Street Address (P.O. Box Number is Not Acceptable)

646 Juneberry Court

City

Boca Raton

FL

Zip Code

33486

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

Michael M. Pantori Jr.

4/30/01

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 P ☐ Delete
 NAME KRGAN, STEVEN B
 STREET ADDRESS 1701 CORAL GARDENS DR
 CITY-ST-ZIP WILTON MANORS FL 33334

TITLE ☒ Change ☐ Addition
 NAME Steven B. Ragan
 STREET ADDRESS 2353 Edgewater Terrace
 CITY-ST-ZIP Los Angeles, CA 90039

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

S. Ragan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President SB Ragan 4/30/01 561.395.344

Date

Daytime Phone #

CR2E034 (10/00)