## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachm

SIGNATURE:

## Feb 21, 2002 8:00 am Secretary of State DOCUMENT # S91096 1. Entity Name 02-21-2002 90056 040 \*\*\*150.00 3F RANCH, INC. Principal Place of Business Mailing Address 124 WEST OAK ST P.O. BOX 2140 ARCADIA FL 34266 ARCADIA FL 34265 2. Principal Place of Business 3. Mailing Address 128 WEST DAK ST Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0298502 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARVER, CHARLES H ESQ. Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BOULEVARD **SUITE 4100 TAMPA FL 33602** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change Addition Hoskovec, Horst NAME NAME STREET ADDRESS SCHWARZENBERG STRASSE 8 STREET ADDRESS VIENNA, AUSTRIA A1015 CITY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME ullrich, irmgard NAME STREET ADDRESS STREET ADDRESS SEESTRASSE 83 CITY-ST-ZIP CITY-ST-ZIP BAECH, SWITZERLAND TITLE ☐ Delete TITLE STD ☐ Change → 🔀 Addition NAME NAME ULLRICH, Christian Unterer Schreiberweg 34 STREET ADDRESS STREET ADDRESS VIENNA, Austria Al 190 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 region or trusteel empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

HORST

**FILED**