


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90648 040 ***150.00

DOCUMENT # S91096	
1. Entity Name 3F RANCH, INC.	

Principal Place of Business 128 WEST OAK ST ARCADIA FL 34266 US	Mailing Address P.O. BOX 2140 ARCADIA FL 34265 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
City	City

Zip	Country	Zip	Country
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4. FEI Number 65-0298502	Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CARVER, CHARLES H ESQ. 101 EAST KENNEDY BOULEVARD SUITE 4100 TAMPA FL 33602

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

I, 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME HOSKOVEC, HORST STREET ADDRESS SCHWARZENBERG STRASSE 8 CITY-ST-ZIP VIENNA, AUSTRIA A1015	<input type="checkbox"/> Delete	TITLE STD NAME ULLRICH, Christian STREET ADDRESS Unterer Schreiberweg 34 CITY-ST-ZIP VIENNA, Austria A1190	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME ULLRICH, IRMGARD STREET ADDRESS SEESTRASSE 183 CITY-ST-ZIP BAECH, SWITZERLAND	<input type="checkbox"/> Delete	TITLE STD NAME ULLRICH, Christian STREET ADDRESS Unterer Schreiberweg 34 CITY-ST-ZIP VIENNA, Austria A1190	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed; or on an attachment within an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED HORST HOSKOVEC 3/18/03 863-494-6495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #