

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FP


FILED

03 OCT 27 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



REINSTATEMENT CHECK HERE IF MAKING CHANGES 03

DOCUMENT # <b>V00270</b>			
1. Entity Name <b>KIRTON RANCH, INC.</b>			
Principal Place of Business <b>1414 SE 18TH DR. OKEECHOBEE FL 34974</b>		Mailing Address <b>1414 SE 18TH DR. OKEECHOBEE FL 34974</b>	
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 1832</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Okeechobee Fl.</b>		4. FEI Number <b>65-0308720</b>	
Zip <b>34973-1832</b>	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>KIRTON, DUDLEY R 2901 SW 24TH AVE OKEECHOBEE FL 34974</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KIRTON, DUDLEY R. 1414 SE 8TH DR. OKEECHOBEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700024173387 10/27/03--01109--004 **750.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KIRTON, H. SPENCER, II 1108 SW 7TH ST. OKEECHOBEE FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 with an address, with all other like empowered.

SIGNATURE: *Dudley R. Kirton* **10-21-03** **863-467-9401**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)