

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90136 048 ***150.00

0415003
 AV

DOCUMENT # V03005

1. Entity Name

SARAN RANCH, INC.

Principal Place of Business

**719 W. PINEDALE DR.
 STE. #B
 PLANT CITY FL 33566
 US**

Mailing Address

**719 W. PINEDALE DR.
 STE. #B
 PLANT CITY FL 33566
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TRINKLE, ROBERT S.
 121 NORTH COLLINS STREET
 PLANT CITY FL 33566**

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

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, 2002 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 **TD** ☐ Delete
 NAME **HAMMER, SARA S.**
 STREET ADDRESS **719 WEST PINEDALE DR.**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE **DS** ☐ Delete
 NAME **TRINKLE, ROBERT S.**
 STREET ADDRESS **711 PINEDALE DR.**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE **PD** ☐ Delete
 NAME **HAMMER, JOHN M. J**
 STREET ADDRESS **1245 MOOREWOOD ROAD**
 CITY-ST-ZIP **HIGHLANDS NC 28741**

TITLE **VD** ☐ Delete
 NAME **TRINKLE, SARA ANN**
 STREET ADDRESS **711 PINEDALE DR.**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE **D** ☐ Delete
 NAME **HERMIDA, REMY**
 STREET ADDRESS **1707 W. REYNOLDS ST.**
 CITY-ST-ZIP **PLANT CITY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Signature and Typed or Printed Name of Signing Officer or Director
Robert S. Trinkle

Date

Daytime Phone #

2-28-02 813 752 6139

CR2E034 (9/01)