

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33723

1. Entity Name

RANKIN & ASSOCIATES, INC.

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90046 039 \*\*\*150.00

Principal Place of Business

Mailing Address

1800 N ATLANTIC AVE  
NEW SMYRNA BEACH FL 32169

1800 N ATLANTIC AVE  
NEW SMYRNA BEACH FL 32169-5110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

425 QUAY ASSISI  
Suite, Apt. #, etc.

3. Mailing Address

425 QUAY ASSISI  
Suite, Apt. #, etc.  
NEW SMYRNA BEACH, FL

City & State

NEW SMYRNA BEACH, FL

City & State

NEW SMYRNA BEACH, FL

4. FEI Number

59-3129625

Applied For

Not Applicable

Zip

32169

Country

FLORIDA

Zip

32169

Country

FLORIDA

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

ROSS, WILLIAM L., JR.  
221 N CAUSEWAY  
NEW SMYRNA BEACH FL 32170

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, 2000 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  
NAME RANKIN, ROBERT L., JR.  
STREET ADDRESS 1800 N ATLANTIC AVE  
CITY-ST-ZIP NEW SMYRNA BEACH FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME RANKIN, ROBERT L., JR.  
STREET ADDRESS 425 QUAY ASSISI  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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: Robert L. Rankin Jr. Robert L. Rankin Jr. 2/14/00 904-428-3377  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)