

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-13-2002 90021 035 ***150.00

DOCUMENT # V42604

1. Entity Name

PARADISE RANCH, INC.

Principal Place of Business

10655 NW HWY 225
 Ocala FL 34482
 US

Mailing Address

10655 NW HWY 225
 Ocala FL 34482
 US

NOTE: NEW ADDRESS

2. Principal Place of Business

1421 SE 28th Ct

3. Mailing Address

1421 SE 28th Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ocala, FL.

City & State

Ocala, FL.

4. FEI Number

65-0450333

Applied For

Not Applicable

Zip

Country

34471

USA

Zip

Country

34471

USA

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

SIBONI, MICHAEL C.
10655 NW HWY 225
OCALA FL 34482

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

1421 SE 28th Ct.

City **Ocala**

FL

Zip Code

34471

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **SIBONI, MICHAEL C**
 STREET ADDRESS **10655 NW HWY 225**
 CITY-ST-ZIP **OCALA FL**

TITLE **SAME** ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **1421 SE 28th Ct.**
 CITY-ST-ZIP **Ocala, FL. 34471**

TITLE **D** ☐ Delete
 NAME **SIBONI, BARBARA A**
 STREET ADDRESS **10655 NW HWY 225**
 CITY-ST-ZIP **OCALA FL**

TITLE **SAME** ☒ Change ☐ Addition
 NAME **SAME**
 STREET ADDRESS **1421 SE 28th Ct.**
 CITY-ST-ZIP **Ocala, FL. 34471**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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:

Barbara A. Siboni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

Date

352-629-1942

Daytime Phone #

CR2E034 (9/01)