

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90377 007 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **K97220**

1. Entity Name
Ragans Motel Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Rt 1 Box 3329F

Suite, Apt. #, etc.

3. Mailing Address

Rt 1 Box 3329F

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Madison, Florida

City & State
Madison, FL

4. FEI Number

59-2959177

Applied For

Not Applicable

Zip
32340

Country
Madison

Zip
32340

Country
Madison

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jimmie E. Ragans

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

Rt 1 Box 3329F

City

Madison

FL

Zip Code

32340

**DO NOT WRITE
IN THIS SPACE**

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.

NATURE

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Jimmie E. Ragans
Rt 1 Box 3329F
Madison, FL 32340**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Minnie L. Ragans
Rt 1 Box 3329F
Madison, FL 32340**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

Jimmie E. Ragans

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

attachment
K97220
123094

July 13, 2002

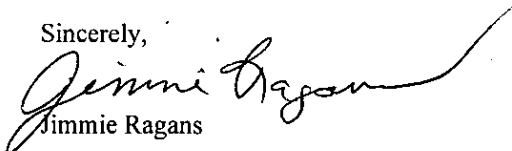
Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302

Re: 59-2959177 Ragans Motel, Inc

Dear Sir or Madam:

I did not receive the original form for filing. Please waive the penalty for late filing.

Sincerely,


Jimmie Ragans