

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90079 008 \*\*\*150.00

**DOCUMENT # 833914**

1. Entity Name  
**RUTHERFORD EQUIPMENT, INC.**

Principal Place of Business  
**2577 CLARK ST  
 APOPKA FL 32703**

Mailing Address  
**2577 CLARK ST  
 APOPKA FL 32703**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>58-0831903</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>EDWARDS, MARTHA J          2577 CLARK ST          APOPKA FL 32703</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>C</b>	<input type="checkbox"/> Delete <b>RUTHERFORD, MARJORIE C. 30 MAGNOLIA DRIVE OXFORD GA 30054</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>DP</b>	<input type="checkbox"/> Delete <b>RUTHERFORD, RANDY J. 1199 OXFORD DRIVE CONYERS GA 30013</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>DVP</b>	<input type="checkbox"/> Delete <b>RUTHERFORD, BARRY E. 191 SHORE DRIVE SUWANEE GA</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	<b>ADD ZIP -</b>
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>RUTHERFORD, CYNTHIA M. 1199 OXFORD DRIVE CONYERS GA 30013</b>	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	<b>CORRECT ZIP - 30013</b>
TITLE <b>T</b>	<input type="checkbox"/> Delete <b>GUEST, GREGORY 6 WAKE ROBIN CT. THE WOODLANDS TX 77380</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME <b>VP RUTHERFORD, MICHAEL M.</b>	
STREET ADDRESS		STREET ADDRESS <b>1662 DEER FIELD CIR.</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>DECATUR GA 30033</b>	

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 reports 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: **RANDY RUTHERFORD, PRES.** 1/28/02 770-929-1601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment  
DH#833914  
B0080293

WE WILL SOON BE DOING AWAY WITH OUR POST OFFICE BOX  
IN CONYERS AND WANT TO START RECEIVING OUR MAIL AT  
OUR STREET ADDRESS. ALL MAIL ADDRESSED TO OUR CONYERS  
GA. LOCATION (OTHER THAN PAYMENTS) SHOULD BE MAILED TO:

RUTHERFORD EQUIPMENT, INC.  
1981 GEES MILL ROAD  
CONYERS, GA. 30013