2002 UNIFORM BUSINESS REPORT (UBR)

Aug 11, 2002 8:00 am Secretary of State DOCUMENT # L0200000065 07-18-2002 90135 025 ****50.00 1. Entity Name HUBERT RUTLAND L.L.C. Principal Place of Business Mailing Address 401 EAST JACKSON STREET, SUITE 2650 P.O. BOX 76143 **TAMPA FL 33602** ST PETERSBURG FL 33734 41297 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number 80 - 000 49 8 Applied For Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAMARAGO, TED R Street Address (P.O. Box Number is Not Acceptable) 401 EAST JACKSON STREET, SUITE 2650 **TAMPA FL 33602** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE ed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUTLAND, HUBERT IN NAME STREET ADDRESS P.O. BOX 76143 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 33734 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ÑAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of these empowers to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

DILE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

UIRED

☐ Delete

FILED

Daytime Phone #

☐ Change ☐ Addition

☐ Change ☐ Addition