

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90101 005 ***150.00

DOCUMENT # P94000015436

1. Entity Name
RULON, INC.

Principal Place of Business

~~400 SW RUFFNER CT~~
PORT ST. LUCIE FL 34953

Mailing Address

~~400 SW RUFFNER CT~~
PORT ST. LUCIE FL 34953

2. Principal Place of Business

2302 S.W. SALA St.
 Suite, Apt. #, etc.

3. Mailing Address

2302 S.W. Sala St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Port St. Lucie FL

Zip
34953

Country
St. Lucie

City & State
Port St. Lucie FL

Zip
34953

Country
St. Lucie

4. FEI Number
65-0477511

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RUBBO, WAYNE
~~400 SW RUFFNER CT~~
PT ST LUCIE FL 34953

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
2302 S.W. SALA St.
City **Port St. Lucie** **FL** **Zip Code** **34953**

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 *Wayne Rubbo* **DATE** **1/20/02**
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)

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **RUBBO, WAYNE** **2302 S.W. Sala St.**
STREET ADDRESS **1840 S-W NANTUCKET AVENUE**
CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ **Change** ☒ **Addition**
NAME **SONDRA J. Newlon**
STREET ADDRESS **2302 S.W. SALA St.**
CITY-ST-ZIP **Port St. Lucie FL 34953**

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

TITLE ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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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: *Wayne Rubbo* **DATE** **1/20/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)