04/30/2003 11:53 9549203347 PROFESSIONAL

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91178 028 ***150.00

DOCUMENT # P95000093162

1. Entity Name
RUHLING CORP.

90129823

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9718 NE 2ND Avenue
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI SHORES

City & State

4. FEI Number
65-0635373
☐ Applied For
☐ Not Applicable

Zip
33138

Country
US

Zip

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CHRISTOPHER P KELLEY

Street Address (P.O. Box Number is Not Acceptable)
11098 BISCAYNE BLVD
SUITE 205

City
MIAMI
FL
Zip Code
33161

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 [signature] Nancy Dawson PRESIDENT 4/30/03
(Typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when changing) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NANCY DOWSON
STREET ADDRESS	9718 NE 2ND Avenue
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] PRESIDENT Nancy Dawson 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #