

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90088 043 ***150.00

DOCUMENT # P95000095316

1. Entity Name

RUST & CHRISTOPHER, P.A.

Principal Place of Business

Mailing Address

~~900 SIXTH AVENUE SOUTH #300~~
NAPLES FL ~~34102~~

~~900 SIXTH AVENUE SOUTH #300~~
NAPLES FL ~~34102-6745~~

2. Principal Place of Business

3. Mailing Address

1044 Castello Drive

"Same"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101/102

City & State

City & State

Naples, FL

Zip

Country

Zip

Country

34103

USA

4. FEI Number

65-0627437

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUST, ROBERT J
~~900 SIXTH AVENUE SOUTH #300~~
NAPLES FL ~~34102~~

Name

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

1044 Castello Drive

Suite 101/102

City

Naples

FL

Zip Code

34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/00

DATE

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, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	RUST, ROBERT J	900 SIXTH AVENUE SOUTH #300	NAPLES FL	<input type="checkbox"/>
VTD	CHRISTOPHER, SUSAN K.	900 SIXTH AVE SOUTH #300	NAPLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1044 Castello Drive, Suite 101/102	Naples, FL 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1044 Castello Drive, Suite 101/102	Naples, FL 34103	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Robert J. Rust

1/31/00

DATE

941-261-1941

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF 002-00000