

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90553 026 ***150.00

DOCUMENT # P96000038197

1. Entity Name
RUBY, INC.

Principal Place of Business

P.O. BOX 823
 BOCA RATON FL 33429
 US

Mailing Address

P.O. BOX 823
 BOCA RATON FL 33429
 US

00004110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0663220

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE SIMONE, GEORGE
105 WATERVIEW WAY
ROYAL PALM BEACH FL 33411

Name

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

City

FL

Zip Code

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) 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, 2002 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: PD
 NAME: LAYSON, JAMES W Delete
 STREET ADDRESS: ~~6877 BARNWALL DRIVE~~
 CITY-ST-ZIP: ~~BOYNTON BEACH FL 33437~~

TITLE: Change Addition
 NAME:
 STREET ADDRESS: 207 Tropic Isle Drive #103
 CITY-ST-ZIP: Delray Beach, FL 33483

TITLE: VPD
 NAME: JASPON, SCOTT Delete
 STREET ADDRESS: ~~6877 BARNWALL DRIVE~~
 CITY-ST-ZIP: ~~BOYNTON BEACH FL 33437~~

TITLE: Change Addition
 NAME:
 STREET ADDRESS: 207 Tropic Isle Drive #103
 CITY-ST-ZIP: Delray Beach, FL 33483

TITLE: STD
 NAME: DE SIMONE, GEORGE Delete
 STREET ADDRESS: 105 WATERVIEW WAY
 CITY-ST-ZIP: ROYAL PALM BEACH FL 33411

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: D
 NAME: ZUCKERMAN, CRAIG Delete
 STREET ADDRESS: 86 CIDER MILL ROAD
 CITY-ST-ZIP: SUDBURY MA 01776

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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:

James W Layson
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (561-254-7799)
 Date Daytime Phone #

CR2E034 (9/01)