

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90757 043 \*\*\*150.00

0022417 AV

**DOCUMENT # 114215**

1. Entity Name  
**RUBIN IRON WORKS, INC.**

Principal Place of Business  
**608 CARMEN ST**  
**PO BOX 3333**  
**JACKSONVILLE FL 32206**

Mailing Address  
**608 CARMEN ST**  
**PO BOX 3333**  
**JACKSONVILLE FL 32206**

80064000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0430120**

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

**DAVE, SHIRLEY R**  
**3645 RUBIN RD.**  
**JACKSONVILLE FL 32257**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVE, SHIRLEY R</b>	
STREET ADDRESS	<b>3645 RUBIN RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32257</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DAVE, GRACE C</b>	
STREET ADDRESS	<b>7711 HOLIDAY DR.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GILLESPIE, LAKELAND W</b>	
STREET ADDRESS	<b>5271 CAMILLE AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4811 Wilddove DRIVE</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34332</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Shirley R. DAVE*  
**SHIRLEY R. DAVE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/02**

Date

**904-356-5635**

Daytime Phone #

CR2E034 (9/01)