

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 160963**

1. Entity Name

RUSKIN BUILDERS INCORPORATED**FILED****May 03, 2000 8:00 am**
Secretary of State

05-03-2000 90092 034 ***150.00

Principal Place of Business

Mailing Address

P O BOX 128
307 N. TAMiami TRAIL
RUSKIN FL 33570P O BOX 128
307 N. TAMiami TRAIL
RUSKIN FLA 33570-3762

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 **59-0934814**Applied For
Not Applicable5. 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**SMITH, G. WENDELL
406 2ND ST. S.W.
RUSKIN FL 33570Name **JIM GENTILE**
Street Address (P.O. Box Number is Not Acceptable)
2902 OLD ORCHARD LN
City **PARRISH** FL Zip Code **39219**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. 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
PD	DICKMAN, EDWARD L.	102 12TH ST. S.W.	RUSKIN FL	<input type="checkbox"/>
VD	DICKMAN, GLENN K.	301 S. TAMiami TRAIL	RUSKIN FL	<input type="checkbox"/>
STD	DICKMAN, PAUL R.	BAHIA BEACH	RUSKIN FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #