

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 209804

1. Entity Name

RUSKIN BUILDERS SUPPLY COMPANY

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90019 027 ***550.00

Principal Place of Business

P O BOX 8
101 FIRST AVE S
RUSKIN FL 33570

Mailing Address

P O BOX 8
2401 RAVINE DR.
RUSKIN FL 33570
US

2. Principal Place of Business

3. Mailing Address
P.O. Box 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

n/a

City & State

City & State
Ruskin, FL 33570

4. FEI Number 59-0824996

Applied For
Not Applicable

Zip

Country

Zip

Country

33570

USA

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

LOONEY,EUGENE B
PO BOX 8
101 FIRST AVENUE
RUSKIN FL 33570

Name
Benny R. Looney

Street Address (P.O. Box Number is Not Acceptable)
10007 Oak Forest Drive

City
Riverview

FL

Zip Code
33569

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

Benny R. Looney

Benny R. Looney, Registered Agent

7/11/00

Signature, type 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
CP
LOONEY,EUGENE B
24TH AVE & RAVINE DR
RUSKIN FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P T S
Jean Looney Walsh
3407 Darbyshire Drive
Dayton, OH 45440 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LOONEY, BENNY R
610 6TH AVE
RUSKIN FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
LOONEY,EUGENIA F
24TH AVE RAVINE DR
RUSKIN FL ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Delete

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/00
Date

Daytime Phone #

CR2E034 (5/00)