

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90159 007 ***150.00

DOCUMENT # 349243

1. Entity Name
RUSTIC ACRES, INCORPORATED



Principal Place of Business
1232 SW ABACUS AVE
PORT SAINT LUCIE FL 34953
US

Mailing Address
1232 SW ABACUS AVE
PORT SAINT LUCIE FL 34953
US



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 **59-1295749**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEFFENS, VIRGIL R
1232 SW ABACUS AVE
PORT SAINT LUCIE FL 34953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Virgil R. Steffens*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **5-20-03**

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **STEFFENS, VIRGIL R**
STREET ADDRESS **1232 SW ABACUS AVE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Virgil R. Steffens* **5-20-03** **712-873-8436**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

attachment

90137794

#349243

1232 S.W. Abacus Ave.
Port St. Lucie, Florida 34953
May 20, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

To Whom It May Concern:

For well over 30 years I have faithfully paid the proper filing fees for my corporation. I have never asked anyone in the government for any help of any kind. Even though I am a world war two veteran I also have never asked my government for help in any way.

The time has come when I am asking for a big favor.

My son up in Georgia has had a major heart operation. He also had a seizure the first night after the operation and to top it all off he had a major stroke the following day. Needless to say my mind has not been functioning like it should. I have been in Georgia for quite some time and just arrived home.

Upon my arrival and going over my business at home I discovered I had neglected to take the papers along to Georgia to send in and with all the confusion that took place I completely forgot all about them.

I am asking your forgiveness for not getting the papers sent in on time and to waive the penalty. I always pay my bills and obligations very promptly. In this instance I think I have a just cause for lenience.

Thank you very much.

Sincerely,

Virgil R. Steffens

Virgil R. Steffens