## **2001 UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 443021** JAY B. RUDOLPH, INC. 04-03-2001 90077 028 \*\*\*150.00 Principal Place of Business Mailing Address 200 SOUTH HOOVER STREET 200-SOUTH HOOVER STREET 8LDG 205 BLDG: 205 > TAMPA PL 33009 TAMPA FL 33609 See below 2. Principal Place of Business 15438 N. Florida Ave Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 16-0916681 Floricla Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUDOLPH, RONALD J. 15438 N.Flourda Street Address (P.O. Box Number is Not Agceptable) < 205 MARINER SQUARE 200 SOUTH HOOVER STREET CTAMPA FL 33609 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 1/04/01 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE Change RUDOLPH, RICHARD A NAME NAME 4911 BAY WAY PLACE STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP CD TITLE ☐ Delete TITI E RUDOLPH, RONALD J NAME NAME 16404 Zurraquin De Avila tanpa, Florida 33613 11711 PHOENIX CIRCLE STREET ADDRESS STREET ADDRESS TAMPA FL CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE BOYKIN, EDWARD L NAME NAME 1711 MAGDALENE MANOR DR STREET ADDRESS STREET ADDRESS TAMPA FL 36 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 a other like empowered

SIGNATURE: