## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 483636				Jan 28, 2002 8:00 am Secretary of State	
RUBBER	& SPECIALTIES, INC.			01-28-2002 9003	38 041 ***150.00
Principal Plac	e of Business	Mailing Address			
MARCUS POINTE COMM PK CIRCLE  SOI1 COMMERCE PARK CIRCLE  PENSACOLA FL 32505  US				8103	restriction of the second of the second of
2. Principal Place of Business		3. Mailing Address		 	EIEN ONDU BIBLE DIEN BLUD BIBLE 1881
Suite, Apt. #, etc.		Rubber & Specialties, Inc.  Margus Pointe Commerce Park		DO NOT WRITE IN THIS SPACE	
City & State		5011 Commerce Park Circle		4. FEI Number 59-1618989	Applied For Not Applicable
Zip	Country	Pensacola, FI 3250	<b>)5</b> /	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	egistered Agent		7. Name and Address of New Registe	
COOK, CHARLES H. 5011 COMMERCE PARK CIRCLE PENSACOLA FL 32505			Name		
			Street Address (I	P.O. Box Number is Not Acceptable)	
			City		FL Zip Code
SIGNATURE .	named entity submits this statement for the stat	d title if applicable. (NOTE: Registe	erad Agent signature required		9 <b>\$5.00</b> May Be
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 2002 Fe Make Check Payable to	Department of Stat	te \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, CHARLES M. 5011 COMMERCE PARK CIRCLE PENSACOLA FL	☐ Delete TI N/ S1	TLE  AME  TREET ADDRESS  ITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOK, CHARLES H. 5011 COMMERCE PARK CIRCLE PENSACOLA FL	N/ S1	TLE AME TREET ADDRESS ITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LENTZ, MICHEAL C. 5011 COMMERCE PARK CIRCLE PENSACOLA FL	, NA	TLE AME IREET ADDRESS ITY-ST-ZIP	:	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		N/	TLE AME IREET ADDRESS ITY - ST - ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KA DESCRIBATION OF THE STATE OF	N/ ST	TLE AME IREET ADDRESS ITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N/SI	TLE AME IREET ADDRESS ITY-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 redeiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attacking it, with an address, with a other like empowered.  SIGNATURE:  SIG					

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR