

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 05, 2003 8:00 am
Secretary of State

09-05-2003 90114 043 ***550.00

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DOCUMENT # F02000005105

1. Entity Name
EX-IMPORT, INC.



Principal Place of Business
**240 N. WASHINGTON BLVD., STE 317
SARASOTA FL 34236**

Mailing Address
**240 N. WASHINGTON BLVD., STE 317
SARASOTA FL 34236**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
3615 COUNTRY PLACE BLVD
Suite, Apt. #, etc.

3. Mailing Address
3615 COUNTRY PLACE BLVD
Suite, Apt. #, etc.

City & State
SARASOTA, FLORIDA
Zip
34233
Country
USA

City & State
SARASOTA, FLORIDA
Zip
34233
Country
USA

4. FEI Number **41-2032378**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RUDEKE, ARTURO D
240 N. WASHINGTON BLVD., STE 317
SARASOTA FL 34236**

7. Name and Address of New Registered Agent

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: **Arturo Rudeke**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

AUGUST 28, 2003
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> Delete
NAME	RUDEKE, ARTURO D	
STREET ADDRESS	240 N. WASHINGTON BLVD., STE 317	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDEKE, FRANCISCO R	
STREET ADDRESS	4907 RYE STREET	
CITY-ST-ZIP	METairie LA 70006	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **Arturo Rudeke** **ARTURO RUDEKE** **AUGUST 28, 2003** **941-924-2519**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)