

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0140558
A1

DOCUMENT # F93000004989

1. Entity Name
JIM RUTTMAN, INC.



APPROVED
AND
FILED

03 OCT -6 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
365 E. SHORE DR.
P. O. BOX 210
WHITMORE LAKE MI 48189
US

Mailing Address
3341 ULMAN AVE
NORTH PORT FL 34288

Handwritten initials



REINSTATEMENT 2003
☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 38-1911539

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RUTTMAN, JIMMIE R
3341 ULMAN AVE
NORTH PORT FL 34286

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME PD RUTTMAN, JIMMIE R ☒ Delete
STREET ADDRESS 923 N. DORAL LN.
CITY-ST-ZIP VENICE FL 34293

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

TITLE NAME PD RUTTMAN, JIMMIE R ☐ Delete
STREET ADDRESS 3341 ULMAN AVE
CITY-ST-ZIP NORTH PORT, FL 34286

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 900023584239
CITY-ST-ZIP 10/06/03--01048--011 **750.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Change ☐ Addition
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: *Handwritten signature of Jimmie R. Rutman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)