

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004443

1. Entity Name

RUBON INTERNATIONAL, INC.

Principal Place of Business

2402 ROYAL PALM DR.
FORT PIERCE FL 34982

Mailing Address

2402 ROYAL PALM DR.
FORT PIERCE FL 34982-5629

2. Principal Place of Business

1514 Westmoreland Blvd.

3. Mailing Address

1514 Westmoreland Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie

City & State

Port St. Lucie

Zip

34952

Country

USA

Zip

34952

Country

USA

4. FEI Number

22-3258223

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, RUDOLPH R
2402 ROYAL PALM DRIVE
FORT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name Reynolds, Rudolph R.
Street Address (P.O. Box Number is Not Acceptable)
1514 Westmoreland Blvd.
City Port St. Lucie FL Zip Code 34952

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.

SIGNATURE

Rudolph R. Reynolds

(NOTE: Registered Agent Signature required when re-registering)

DATE

4/12/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	REYNOLDS, BONNIE	
STREET ADDRESS	2402 ROYAL PALM DRIVE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	REYNOLDS, RUDOLPH R	
STREET ADDRESS	2402 ROYAL PALM DRIVE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reynolds, Bonnie	
STREET ADDRESS	1514 Westmoreland Blvd.	
CITY-ST-ZIP	Port St. Lucie, FL. 34952	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reynolds, Rudolph R.	
STREET ADDRESS	1514 Westmoreland Blvd.	
CITY-ST-ZIP	Port St. Lucie, FL. 34952	
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rudolph R. Reynolds

Date

4/12/00

Daytime Phone #

561-337-9249



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)