2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)				FILED Feb 14, 2002 8:00 am		
DOCUMENT # F9900005051 1. Entity Name				Secretary of State		
,	RUCKING INC.			02-14-2002 90093 039 ***150.00		
Principal Place of Business 106 TENNESSEE COURT AUBURNDALE FL 33823		Mailing Address 106 TENNESSEE COURT AUBURNDALE FL 33823				
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number 36-3487587 Applied Not Appl		
Zip 	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current	t Registered Agent	Name	7. Name and Address of New Registered Agent		
STOCK, EVELYN A 106 TENNESSEE COURT AUBURNDALE FL 33823			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
7,000,111,0			City	FL Zip Code		
8. The above	named entity submits this statement f	or the purpose of changing its re	egistered office or regist	stered agent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered Agent signature requir	uired when reinstating) DATE	-	
Tax filing requirement and elects to do so. After May 1, 2002		FEE IS \$150.00 Fee will be \$550.00 to Department of St	I INSCRING CONTINUON LI AMORTIO PR			
11.	OFFICERS AND	<u> </u>	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST STOCK, EVELYN 106 TENNESSEE COURT AUBURNDALE FL 33823	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition	
TITLE NAME STREET ADDRESS	VD STOCK, THOMAS 106 TENNESSEE COURT	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ A	Addition	
CITY-ST-ZIP	AUBURNDALE FL 33823		CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ A	ddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change A	ddition	

I hereby certify that the information supplied with this filling 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 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.

IGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Date | Daylime Phone # SIGNATURE: