

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

M77368 AV

**DOCUMENT # G70078**  
 1. Entity Name  
**RUBBER APPLICATIONS, INC.**

01-15-2002 90072 034 \*\*\*150.00

Principal Place of Business <b>610 IND PK RD P.O. BOX 826 MULBERRY FL 33860</b>	Mailing Address <b>610 IND PK RD P.O. BOX 826 MULBERRY FL 33860</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2338810</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**HOBBY, STANLEY A.**  
**610 INDUSTRIAL PARK ROAD**  
**MULBERRY FL 33860**

**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>BASHLOR, RONNIE</b>	
STREET ADDRESS <b>6274 FORESTWOOD DR</b>	
CITY-ST-ZIP <b>LAKELAND FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>HOBBY, STANLEY</b>	
STREET ADDRESS <b>1121 S. WIGGINS RD.</b>	
CITY-ST-ZIP <b>PLANT CITY FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>BASHLOR, H WAYNE</b>	
STREET ADDRESS <b>3108 ORION DRIVE</b>	
CITY-ST-ZIP <b>WAYCROSS GA</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>POLK, L V</b>	
STREET ADDRESS <b>4555 EWELL RD</b>	
CITY-ST-ZIP <b>LAKELAND FL</b>	
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	<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	
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:** *Stanley A. Hobby* **1/4/02** **813-425-5626**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)