

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90151 018 ***150.00

DOCUMENT # **G 75038**

1. Entity Name

AL-RUD ENTERPRISES INC

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

PO BOX 1300

OCOE FL

34761

ORANGE

4. FEI Number

59-2590011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SWARCKOF RUDOLF F

Street Address (P.O. Box Number is Not Acceptable)

8842 HILLSDALE DR

City

ORLANDO

FL

Zip Code

32818

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PS
SWARCKOF RUDOLF F.
8842 HILLSDALE DR
ORLANDO FL 32818

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RUDOLF F.
SWARCKOF**

Date

4/23/02

Daytime Phone #

407-298-3247

CR2E034B (12/01)