

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State
 04-12-2001 90157 001 ***150.00

0437107

DOCUMENT # G83964

1. Entity Name

SUBTOTAL, INCORPORATED

Principal Place of Business

Mailing Address

% FERDINAND RUFO
 1117 S.E. AIROSIO BLVD.
 PORT ST. LUCIE FL 34952

% FERDINAND RUFO
 1117 S.E. AIROSIO BLVD.
 PORT ST. LUCIE FL 34952

B0029800



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1956 43rd Ave.

PO Box 3201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero Beach, FL

Stuart, FL

Zip

Country

Zip

Country

32960 Indian River

34985

Florida

4. FEI Number

59-2387803

Applied For

Not Applicable

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

RUFO, FERDINAND E.
1117 AIROSIO BLVD.
PORT ST. LUCIE FL 33452

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

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEAD, MJ	NAME	
STREET ADDRESS	P.O. BOX 3201 N/A	STREET ADDRESS	
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFO, F.E.	NAME	
STREET ADDRESS	P.O. BOX 3201 N/A	STREET ADDRESS	
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Date

Daytime Phone #

M J Mead

4/06/01

(888) 335-4033

CR2E034 (10/00)