

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90040 040 ***150.00

DOCUMENT # K32674

1. Entity Name
RUST FREE CORP. OF PALM BEACH COUNTY

Principal Place of Business
C/O BENJAMIN E GRIFFIN SR
171 NORTHWEST 13TH STREET
BOCA RATON FL 33432

Mailing Address
C/O BENJAMIN E GRIFFIN SR
171 NORTHWEST 13TH STREET
BOCA RATON FL 33432



2. Principal Place of Business
144 NW 20th Street
 Suite, Apt. #, etc.

3. Mailing Address
144 NW 20th Street
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, Fla.
Zip
33431
Country
PBC

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Boca Raton, Fla.
Zip
33431
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4. FEI Number **65-0073457**

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GRIFFIN, BENJAMIN E SR
171 NW 13TH ST
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
Griffin, Benjamin E. Sr.
Street Address (P.O. Box Number is Not Acceptable)
144 NW 20th Street
City **Boca Raton, Fl** **FL** **Zip Code** **33431**

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 fee applicable. (NOTE: Registered Agent signature required when reinstating)

3-5-02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRIFFIN, BENJAMIN E SR 4621 NE 14TH TERR POMPANO BEACH FL 33064-5817	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3-5-02
 Date

Daytime Phone #

CR2E034 (9/01)