## 2002 UNIFORM BUSINESS REPORT (UBR)

RODNEYSHUDANNPIRQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 05, 2002 8:00 am Secretary of State K61777 DOCUMENT # 1. Entity Name 05-05-2002 90257 001 \*1,111.25 TUG RUBY M., INC. Principal Place of Business Mailing Address 3902 HENDERSON BLVD 501 E. KENNEDY BLVD SUITE 204 **SUITE 1700 TAMPA FL 33629** TSAMPA FL 33602 2. Principal Place of Business 3. Mailing Address 730 S Sterling Ave Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 305 City & State City & State 4. FEI Number Applied For 59-2934718 Not Applicable Tampa, FL Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33609 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VONSPIEGELFELD. ALLEN K Street Address (P.O. Box Number is Not Acceptable) 501 EAST KENNEDY BLVD. **SUITE 1700 TAMPA FL 33602** City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** ☐ Delete TITLE PSTD X Change ☐ Addition Dann, Rodney H Jr. NAME NAME DANN, RODNEY H. JR 3902 HENDERSON BLD #204 STREET ADDRESS STREET ADDRESS 730 S Sterling Ave Suite 305 tampa fl CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33609 AS ☐ Delete TITLE \_\_ Change ☐ Addition vonspiegelfeld, allen k NAME STREET ADDRESS 501 E KENNEDY BLVD #1700 STREET ADDRESS CITY-ST-ZIP Tampa FL 33602 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE 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

Daytime Phone #

(813) 251 5100

**FILED**