## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## K91203 **DOCUMENT #**

1. Entity Name

**SIGNATURE:** 

JOHN J. RUSKAI, P.E., INC.



## **FILED** Jan 08, 2003 8:00 am Secretary of State 01-08-2003 90156 012 \*\*\*150.00

Principal Place of Business C/O JOHN J. RUSKAI 2328 HANCOCK BRIDGE PARKWAY SUITE 114 CAPE CORAL FL 33990 US 2. Principal Place of Business		Mailing Address C/O JOHN J. RUSKAI 2328 HANCOCK BRIDGE PARKWAY SUITE 114 CAPE CORAL FL 33990 US 3. Mailing Address							
·									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	e	City & State			4. F	El Number 65-0151676		plied For t Applicable	
Zip	Country	Zip	Cour	try	<b>5.</b> C	Certificate of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
RUSKAI, JOHN J. 2328 HANCOCK BRIDGE PARKWAY SUITE 114				Name Street Address (P.O. Box Number is Not Acceptable)					
CAPE CO	RAL FL 33990			City		F	L Zip Code	e	
the obligat	ions of registered agent.	for the purpose of chan	ging its register	ed office or regis	tered age	ent, or both, in the State of Florida. I a	m familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	d Agent signature requi	ired when rei	instating) DAT	E		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing     Trust Fund Contribution.	☐ Added	<b>0</b> May Be I to Fees	
10.	OFFICERS AND DIRECTORS  Dielele		11.		ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTORS  Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete RUSKAI, JOHN J. 2328 HANCOCK BRIDGE PARKWAY SUITE 114 CAPE CORAL FL 33990		NAM STRE				спанде	L_I Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Delete KERFOOT, RONALD 2328 HANCOCK BRIDGE PARKWAY SUITE 114 CAPE CORAL FL 33990			E HE EET ADDRESS '~ST-ZIP			☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dele	NAM STRI			A-T	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dele	tle TITL NAM STRI	E			☐ Change	☐ Addition	
indicated of the cor	on this report or supplemental repor-	t is true and accurate an powered to execute this	nd that my signa s report as requi	ture shall have th	ne same le	l 19.07(3)(i), Florida Statutes. I further egal effect as if made under oath; tha da Statutes; and that my name appea	t I am an officer	or director 1	