

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

09-19-2002 90050'002'***70.00
FILED L05040

DOCUMENT # L05040
1. Entity Name RUSTY DUCK INC *Amended*

02 OCT 17 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

872649

2. Principal Place of Business
2924 Hwy 44
Suite, Apt. #, etc.
City & State LeCanTo FI
Zip 34460 Country USA

3. Mailing Address
P.O. Box 172
Suite, Apt. #, etc.
City & State LeCanTo FI 34460
Zip 34460 Country USA

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4. FEI Number 59 298 7083
Applied For Not Applicable
5. CERTIFIED COPY PLEASE \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name Louise C ANEIRO
Street Address (P.O. Box Number is Not Acceptable) ~~2924 Hwy 44~~ 6907 W Cypress ST
Crystal River 34429
City LeCanTo FL Zip Code 34460

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 Louise C Aneiro Edouard Aneiro 9/17/02
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			
TITLE	<u>PRESIDENT</u>	TITLE	
NAME	<u>Edward ANEIRO</u>	NAME	
STREET ADDRESS	<u>2924 Hwy 44 6907 W Cypress ST</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>LeCanTo FI 34460</u>	CITY-ST-ZIP	
TITLE	<u>Crystal River 34429</u>	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE 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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Louise C Aneiro Pres Edouard Aneiro Pres 9/17/02 352-2578357
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034B (12/01)

9/17/02