

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90156 020 ***163.75

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

DOCUMENT # L30462

1. Entity Name
RUTLAND SPITZER ENTERPRISES, INC.



Principal Place of Business
3937 131ST AVE NORTH
4
CLEARWATER, FL 33762 US

Mailing Address
3937 131ST AVE NORTH
4
CLEARWATER, FL 33762 US

2. Principal Place of Business

1100 Monticello Blvd
Suite, Apt. #, etc.

3. Mailing Address

1100 Monticello Blvd N
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

59-2981482

Applied For

Not Applicable

Zip
33703

Country
USA

Zip
33703

Country
USA

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

SPITZER, ROBERT
1100 MONTICELLO BLVD N
ST PETERSBURG, FL 33703

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert S. Spitzer

(NOTE: Registered Agent Signature required when resigning)

April 8, 2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☒ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SPITZER, ROBERT S.
STREET ADDRESS 1100 MONTICELLO BLVD N
CITY-ST-ZIP ST PETERSBURG, FL 33703

TITLE DT
NAME SPITZER, DENNIS A.
STREET ADDRESS 1100 MONTICELLO BLVD N
CITY-ST-ZIP ISLAND PARK, NY 33703

TITLE VP
NAME SPITZER, KATHIE
STREET ADDRESS 1100 MONTICELLO BLVD N
CITY-ST-ZIP ST PETERSBURG, FL 33703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert S. Spitzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Spitzer

4/8/03 727 524-1999
Date Daytime Phone

CR2E034 (10/02)