## **2003 FOR PROFIT CORPORATION**

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

MELBOURNE FL 32935

1865-B NORTH WICKHAM ROAD

## UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # L61976

1. Entity Name

NANCY RUSK, INC.

Principal Place of Business

MELBOURNE FL 32935

Suite, Apt. #, etc.

1865-B NORTH WICKHAM ROAD

2. Principal Place of Business

RUSK, NANCY.M.

741 JASA STREET MALABAR FL 32950



## FILED Feb 17, 2003 8:00 am Secretary of State

02-17-2003 90178 008 \*\*\*150.00



☐ CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

City & State City & State 4. FEI Number Applied For 59-3000574 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition RUSK, NANCY M NAME NAME STREET ADDRESS 741 JASA ST STREET ADDRESS CITY-ST-ZIP MALABAR FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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-ZIP

12. I hereby certify that the information supplied with this filling 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

SIGNATURE: