

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90037 004 ***150.00

DOCUMENT # M72434

1. Entity Name
RUDIK PRINTING, INC.

Principal Place of Business

Mailing Address

% JAMES V. PARRILLI
 325 SOUTH THIRD STREET
 LANTANA FL 33462

% JAMES V. PARRILLI
 325 SOUTH THIRD STREET
 LANTANA FL 33462

C0035647



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0031569**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PARRILLI, JAMES V III
10551 S.E. JUPITER NARROWS DRIVE
HOVE SOUND FL 33455

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.

SIGNATURE _____ DATE _____
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 Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
D
 NAME **PARRILLI, JAMES V. III**
 STREET ADDRESS **10551 SE JUPITER NARROWS DR.**
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
D
 NAME **PARRILLI, JUNE C.**
 STREET ADDRESS **10551 SE JUPITER NARROWS DR.**
 CITY-ST-ZIP **HOBE SOUND FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
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TITLE Delete
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: June C Parrilli **JUNE C. PARRILLI** 3-14-01 301-585-0949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)