FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Mar 15, 2001 8:00 am **DOCUMENT # M75125** Secretary of State 1. Entity Name RUTHERFORD CONSULTANTS, INC. 03-15-2001 90215 019 ***150.00 Principal Place of Business Mailing Address 1075 BRIGHTON PLACE BLVD. PO BOX 450039 KISSIMMEE FL 34744 KISSIMMEE FL 34745-0039 SOTOOI US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-2888252 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --- 7. Name and Address of New Registered Agent Name RUTHERFORD, JOAN G. Street Address (P.O. Box Number is Not Acceptable) 1075 BRIGHTON PLACE BLVD KISSIMMEE FL 34744 Zip Code City FI 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TIT! E ☐ Change ☐ Addition TITLE ☐ Delete RUTHERFORD, GEORGE B. NAME NAME 1075 BRIGHTON PLACE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE RUTHERFORD, JOAN G. NAME NAME 1075 BRIGHTON PLACE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL CITY_ST-7IP · Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Celete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 repeiver 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 affacting ent with an add doss with a flother like empowered.