

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90028 007 \*\*\*158.75

**DOCUMENT # M75125**

1. Entity Name

**RUTHERFORD CONSULTANTS, INC.**

Principal Place of Business

**1075 BRIGHTON PLACE BLVD.  
 KISSIMMEE FL 34744  
 US**

Mailing Address

**PO BOX 450039  
 KISSIMMEE FL 34745-0039  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**807 PLANTATION DRIVE**

3. Mailing Address

**807 PLANTATION DRIVE**

Suite, Apt. #, etc.

**SUITE - A**

Suite, Apt. #, etc.

**SUITE A**

City & State

**TITUSVILLE, FL**

City & State

**TITUSVILLE, FL**

4. FEI Number

**59-2888252**

Applied For

Not Applicable

Zip

Country

**U.S.A.**

Zip

Country

**U.S.A.**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RUTHERFORD, JOAN G.**

**1075 BRIGHTON PLACE BLVD  
 KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name **RUTHERFORD, JOAN G.**

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

**807 PLANTATION DRIVE**

**SUITE A**

City **TITUSVILLE**

**FL**

Zip Code **32780**

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

*Joan G. Rutherford*

**V.P. / SECRETARY  
 JOAN G. RUTHERFORD**

**1/21/02**

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)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 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

TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>RUTHERFORD, GEORGE B.</b>	
STREET ADDRESS	<b>1075 BRIGHTON PLACE BLVD</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>RUTHERFORD, JOAN G.</b>	
STREET ADDRESS	<b>1075 BRIGHTON PLACE BLVD</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>807 PLANTATION DRIVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>807 PLANTATION DRIVE</b>	
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Joan G. Rutherford*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**V.P. SECTY 1/21/02  
 JOAN G. RUTHERFORD 407-973-7090**

Date

Daytime Phone #

CR2E034 (9/01)