

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-06-2002 90249 007 ****70.00

DOCUMENT # NO1000008155

1. Entity Name

RE-COVERINGS, INC.

Principal Place of Business

Mailing Address

**1530 BLUEBERRY DR
 TITUSVILLE FL 32780**

**1530 BLUEBERRY DR
 TITUSVILLE FL 32780**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0608971

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HART RUBER, CARLA
 1530 BLUEBERRY DR
 TITUSVILLE FL 32780**

7. Name and Address of New Registered Agent

Name **RUBER, CARLA HART**

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

1530 BLUEBERRY DRIVE

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

Carla Hart Ruber (CARLA HART RUBER)

22 April 2002

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HART RUBER, CARLA	
STREET ADDRESS	1530 BLUEBERRY DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUBER, RONALD L	
STREET ADDRESS	1530 BLUEBERRY DR	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, CHRISTINA	
STREET ADDRESS	1103 MAIN ST	
CITY-ST-ZIP	TITUSVILLE FL 32780	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBER, CARLA HART	
STREET ADDRESS	1530 BLUEBERRY DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBER, RONALD L	
STREET ADDRESS	1530 BLUEBERRY DRIVE	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
TITLE	OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOEFFNER, CANDACE C.	
STREET ADDRESS	4810 KEY LARGO DRIVE WEST	
CITY-ST-ZIP	TITUSVILLE, FL 32780	
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		

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 617, 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:

Carla Hart Ruber (CARLA HART RUBER)

22 April 2002

321-269-3882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (9/01)