2002 Uniform Business Report (UBR)

SIGNATURE AND TYRED OR

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 14, 2002 8:00 am DOCUMENT # P00000034694 **Secretary of State** 1. Entity Name 03-14-2002 90068 025 ***150 00 RUTHSTAN, INC. Principal Place of Business Mailing Address 6390 N LOCKWOOD RIDGE ROAD 6380 N LOCKWOOD RIDGE ROAD SARASOTA FL 34243 SARASOTA FL 34243 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1011481 Not Applicable 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 WOOTEN, STANLEY E Street Address (P.O. Box Number is Not Acceptable) 6380 N LOCKWOOD RIDGE ROAD SARASOTA FL 34243 Zip Code statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME WOOTEN, STANLEY STREET ADDRESS STREET ADDRESS 16380 N LOCKWOOD RIDGE RD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete ☐ Change ☐ Addition TIT1 F NAME NAME WOOTEN, RUTH STREET ADDRESS STREET ADDRESS 6380 N LOCKWOOD RIDGE RD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Detete ☐ Change ☐ Addition TITLE NAME'∻ -NAME-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Channe ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP 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.

(9/01)