

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049219

1. Entity Name

RUBENACKER CONSULTING, INC.

Principal Place of Business

1402 MALDONADO DRIVE  
PENSACOLA BEACH FL 32561

Mailing Address

1402 MALDONADO DRIVE  
PENSACOLA BEACH FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

59-3647226

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOZIER, DANIEL R  
125 W ROMANA STREET SUITE 224  
PENSACOLA FL 32501

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

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, 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

TITLE PRESIDENT  Delete  
NAME MARK RUBENACKER  
STREET ADDRESS 1402 MALDONADO DR.  
CITY-ST-ZIP PENSACOLA BEACH FL 32561

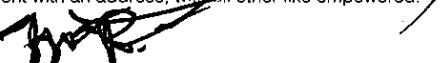
TITLE TREASURER / SECRETARY  Delete  
NAME MARK RUBENACKER  
STREET ADDRESS SAME AS Above  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2001  
Date

(850) 932-6752  
Daytime Phone #

GR2E034 (10/00)