

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90681 011 \*\*\*150.00

**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

SAME AS ABOVE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

Name

N/A

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/2002

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PST  
 RUBENACKER, MARK  
 1402 MALDONADO DRIVE  
 GULF BREEZE FL 32561 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2002  
 Date

(850) 932-6252  
 Daytime Phone #

CR2E034 (9/01)

Attachment

RE: 2002 #P000000 49219 436740 5/12/2002  
Uniform Business Report for 59-864722

TO whom it May concern:

Dear Sir, I have just had a total Hip Replacement + was on strong Narcotics for 6 months prior to surgery. I filled out my corporate return + wrote a check on 4/14/2002. Today I was organizing my records + found the unmailed UBR + promptly called you in Tallahassee. I spoke w/ Esler + she communicated for me to write this note + enclose w/ UBR + \$1500 check to get my State Fee Waived. I am sorry for the tardiness of the UBR + greatly appreciate your concern, understanding + waiver of the \$400<sup>00</sup> State Fee.

Sincerely

Mark

Mark Pulemacker

President of Pulemacker Consulting, Inc.