

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000072792

1. Entity Name
RUDOLPH BROS., INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90012 012 ***150.00

Principal Place of Business
~~200 SOUTH HOOVER STREET~~
~~TAMPA FL 33609~~

Mailing Address
~~200 SOUTH HOOVER STREET~~
~~TAMPA FL 33609~~

00004306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15438 NO. FLORIDA AVE.
Suite, Apt. #, etc.
SUITE 105
City & State
TAMPA, FL
Zip
33613
Country
USA

3. Mailing Address
15438 NO. FLORIDA AVE.
Suite, Apt. #, etc.
SUITE 105
City & State
TAMPA, FL
Zip
33613
Country
USA

4. FEI Number
59-3663772
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KALISH, WILLIAM
101 E. KENNEDY BLVD.
SUITE 4100
TAMPA FL 33602

7. Name and Address of New Registered Agent
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 | D | <input type="checkbox"/> Delete |
| NAME | RUDOLPH, RONALD J | |
| STREET ADDRESS | 200 SOUTH HOOVER STREET | |
| CITY-ST-ZIP | TAMPA FL 33609 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RUDOLPH, RICHARD A | |
| STREET ADDRESS | 200 SOUTH HOOVER STREET | |
| CITY-ST-ZIP | TAMPA FL 33609 | |
| 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 | 15438 NO. FLORIDA AVE., SUITE 105 | |
| CITY-ST-ZIP | TAMPA, FL 33613 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 15438 NO. FLORIDA AVE., SUITE 105 | |
| CITY-ST-ZIP | TAMPA, FL 33613 | |
| 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: Ronald J. Rudolph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

Date

(813) 963-7398

Daytime Phone #

034362

CR2E034 (10/00)