

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91782 001 ***150.00

DOCUMENT # P00000112382

1. Entity Name

THE RUHLEN CORPORATION



Principal Place of Business

**320 W KENNEDY BLVD
SUITE 250
TAMPA FL 33606
US**

Mailing Address

**320 W KENNEDY BLVD
SUITE 250
TAMPA FL 33606
US**

11041500



2. Principal Place of Business

**333 Fern Cliff Ave.
Suite, Apt. #, etc.**

3. Mailing Address

**333 Fern Cliff Ave.
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State

Temple Terrace, FL

City & State

Temple Terrace, FL

4. FEI Number **59-3684339**

Applied For

Not Applicable

Zip

Country

33617 Hillsborough

Zip

Country

33617 Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, R. GAYLE
320 W KENNEDY BLVD
SUITE 250
TAMPA FL 33606**

Name

R. Gayle Miller

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

333 Fern Cliff Ave.

City

Temple Terrace

FL

Zip Code

FL 33617

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

R. Gayle Miller

5/1/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☐ Delete
NAME **MILLER, R. GAYLE**
STREET ADDRESS **320 W KENNEDY BLVD SUITE 250**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☒ Change ☐ Addition
NAME **333 Fern Cliff Ave.**
STREET ADDRESS **Temple Terrace, FL 33617**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 607, 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:

R. Gayle Miller

5/1/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)