

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

DOCUMENT # **P01000014080**

1. Entity Name
RUT INC.



Principal Place of Business
**1801 KERNAN BLVD. SO.
APT. 105
JACKSONVILLE FL 32246**

Mailing Address
**1801 KERNAN BLVD. SO.
APT. 105
JACKSONVILLE FL 32246**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country** **4. FEI Number** **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**

59-3697080 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**PATEL, CHETAN
1801 KERNAN BLVD. SO.
APT. 105
JACKSONVILLE FL 32246**

Name

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

City

FL **Zip Code**

7. Name and Address of New Registered Agent

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

Q.N. Patel

1-15-03

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 **D** Delete
NAME **PATEL, CHETAN**
STREET ADDRESS **1801 KERNAN BLVD. SO. APT. 105**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Q.N. Patel

SIGNATURE AND DATE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHETAN

11/15/03

904-246-2332

Date

Daytime Phone #

CR2E034 (10/02)