

FILED
Mar 29, 2002 8:00 am
Secretary of State

02-11-2002 90056 033 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000023884

1. Entity Name
U-BLOCK INC.

Principal Place of Business
604 STAFFORD LANE
ST. AUGUSTINE FL 32086

Mailing Address
604 STAFFORD LANE
ST. AUGUSTINE FL 32086

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

59-3706038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUGGERI, JOSEPH J
4413 EAGLE CREEK CT.
EIKRON FL 32033

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **RUGGERI, JOHN**
 STREET ADDRESS **604 STAFFORD LANE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **P** ☒ Change ☒ Addition
 NAME **President John Robert Ruggeri**
 STREET ADDRESS **604 Stafford Lane**
 CITY-ST-ZIP **St Augustine, FL 32086**

TITLE **D** ☐ Delete
 NAME **RUGGERI, MANO**
 STREET ADDRESS **604 STAFFORD LANE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **V.P.** ☒ Change ☐ Addition
 NAME **Vice President**
 STREET ADDRESS **Manuela Ruggeri**
 CITY-ST-ZIP **604 Stafford Lane**
St Augustine FL 32086

TITLE **D** ☐ Delete
 NAME **RUGGERI, JOSEPH**
 STREET ADDRESS **604 STAFFORD LANE**
 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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:

John R Ruggeri (PNS)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)