2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000082464

Entity Name: RUTH ASSOCIATES, INC.

FILED Apr 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

469 S CHICKASAW TRAIL 5837 DAHLIA DRIVE ORLANDO, FL 32825 ORLANDO, FL 32807

Current Mailing Address: New Mailing Address:

469 S CHICKASAW TRAIL 5837 DAHLIA DRIVE ORLANDO, FL 32825 ORLANDO, FL 32807

FEI Number: 59-3740280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORALES, JULIO M
469 S CHICKASAW TRAIL
ORLANDO, FL 32825

MORALES, JULIO M
5837 DAHLIA DRIVE
ORLANDO, FL 32807

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: JULIO M. MORALES 04/26/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition Name: MORALES, JULIO M Name: MORALES, JULIO M

 Name:
 MORALES, JULIO M
 Name:
 MORALES, JULIO M

 Address:
 469 S CHICKASAW TRAIL
 Address:
 5837 DAHLIA DRIVE

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:
 ORLANDO, FL 32807

Title: VS () Delete Title: V (X) Change () Addition

 Name:
 MORALES, RUTH N
 Name:
 MORALES, RUTH N

 Address:
 469 S CHICKASAW TRAIL
 Address:
 5837 DAHLIA DRIVE

 City-St-Zip:
 ORLANDO, FL 32825
 City-St-Zip:
 ORLANDO, FL 32807

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 MORALES, RISELDA J

 Address:
 Address:
 5837 DAHLIA DRIVE

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RISELDA J. MORALES S 04/26/2002