

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91333 020 ***150.00

DOCUMENT # **P01000099676**

1. Entity Name

DOLLAR LAND #2, INC

DO NOT WRITE IN THIS SPACE

008030

2. Principal Place of Business

10771 BEACH BLVD

Suite, Apt. #, etc.

SUITE 203

City & State

JACKSONVILLE, FLA.

Zip

32246

Country

U.S.A.

3. Mailing Address

10771 BEACH BLVD

Suite, Apt. #, etc.

SUITE 203

City & State

JACKSONVILLE, FLA.

Zip

32246

Country

U.S.A.

4. FEI Number

59-3150778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

PRISCILLA T. RUKAB

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

6859 BAKERSFIELD DR.

City

JACKSONVILLE

FL

Zip Code

32210

**DO NOT WRITE
IN THIS SPACE**

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

Priscilla T. Rukab

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

PRISCILLA T. RUKAB

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	P
NAME	ZACK A. RUKAB
STREET ADDRESS	6859 BAKERSFIELD DR.
CITY-ST-ZIP	JAX, FLA. 32210
TITLE	V
NAME	PRISCILLA T. RUKAB
STREET ADDRESS	6859 BAKERSFIELD DR.
CITY-ST-ZIP	JAX., FLA. 32210
TITLE	V
NAME	ABRAHAM Z. RUKAB
STREET ADDRESS	6859 BAKERSFIELD DR
CITY-ST-ZIP	JAX, FLA 32210
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Zack A. Rukab Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZACK A. RUKAB

4/30/02

Date

904-620-0058

Daytime Phone #

CR2E034B (12/01)