

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90174 046 ***150.00

DOCUMENT # P01000105697



1. Entity Name
KURT RUBY COPPERWORKS, INC.

Principal Place of Business
6993 COLLEGE COURT, BLDG. 4, UNIT 204
DAVIE FL 33317

Mailing Address
6993 COLLEGE COURT, BLDG. 4, UNIT 204
DAVIE FL 33317



2. Principal Place of Business
12708 NW 15TH STREET
Suite, Apt. #, etc.

3. Mailing Address
12708 NW 15TH STREET
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
SUNRISE, FL

City & State
SUNRISE, FL

4. FEI Number 65-1148643 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country Zip Country
33323 33323

6. Name and Address of Current Registered Agent
RUBY, KURT
6993 COLLEGE COURT, BLDG. 4, UNIT 204
DAVIE FL 33317

7. Name and Address of New Registered Agent
Name
RUBY, KURT
Street Address (P.O. Box Number is Not Acceptable)
12708 NW 15TH STREET
City
SUNRISE, FL Zip Code
33323

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 *Kurt Ruby* (NOTE: Registered Agent signature required when reinstating) DATE 5-1-03

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 NAME STREET ADDRESS CITY-ST-ZIP	PD RUBY, KURT 6993 COLLEGE COURT, BLDG. 4, UNIT 204 DAVIE FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			RUBY, KURT 12708 NW 15TH STREET SUNRISE, FL 33323
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUBY, KURT JR. 6993 COLLEGE COURT, BLDG. 4, UNIT 204 DAVIE FL 33317	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			RUBY, KURT JR 12708 NW 15TH STREET SUNRISE, FL 33323
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kurt Ruby* SIGNATURE REQUIRED DATE 5-1-03 DAYTIME PHONE # 954-410-3105

CR2E034 (10/02)