## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBF

FILED Feb 28, 2003 8:00 am Secretary of State 02-28-2003 90127 002 \*\*\*150.00

1. Entity Na	JMENT # P02 ame RUCK INC.	000117054 V			ő				
Principal Place of Business Mailing Address 2155 TIPTREE CIRCLE 0RLANDO, FL 32837 US ORLANDO, FL 32837				us		90038227			
2. Principal	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & St	ate	City & State	City & State			4. FEI Number Applied For S3 - 03 4 (900 4 Not Applied be			
Žip 	Country	Zip	Cour	ntry	<b>—</b>	Certificate of Status Desired	\$8.75 A	dditional	
	6. Name and Addres	ss of Current Registered Agent			7. N	lame and Address of New Reg		40	
CDUZ EE				Name		ADDITION AND ADDITIONS OF LARKE LINE	istered Agent		
CRUZ, FELIX A 2155 TIPTREE CIRCLE ORLANDO, FL 32837				Street Address (	s (P.O. Box Number is Not Acceptable)				
The object				City			FL Zip Co		
the obliga		s statement for the purpose of changing its	registere	ed office or register	ed age	ent, or both, in the State of Florid	a. I am familiar with	i, and accept	
not well of the plant of the first	Signature, typed or printed name o	f registered agent and title if applicable. (NOTE	: Reuis ere	t Agentsignatura required	Iwhen mi	installing)	DATE	<del></del> [	
Afte	FILE NOWIII, FEE IS ( r May 1, 2003 Fee Will k Payable to Florida Di	ke \$560 00	-			Election Campaign Finance     Trust Fund Contribution.	cing \$5.0	DO May Be d to Fees	
10.	OFI	FICERS AND DIRECTORS	11.	<del></del>	ADE	DITIONS/CHANGES TO OFFICE	DS AND DIDECTOR	10 11 44	
TITLE	P	☐ Delete	TALE			THE PROPERTY OF THE			
NAME	CRUZ, FELIX A		NAME				☐ Change	Addition :	
STREET ADDRESS	2155 TIPTREE CIRCLE		STREE	T ADDRÉSS					
City-st-2p	ORLANDO, FL 32837	7	8	17Y-ST-21P					
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NAME			NAME				☐ Change	☐ Addition	
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ITY-ST-ZP			STREET CITY-S	ADDRÉSS 771P		1000			
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AME		T DEIGHE	NAME				_ Change"	Addition	
TREET ADDRESS		•		ADDRESS					
ty-st-2P	·		CITY-S1	1-2IP			Sa.		
2. I hereby coindicated of the corp	ertify that the information so on this report or supplement poration or the receiver or to	upplied with this filing does not qualify for it tal report is true and accurate and that my rustee empowered to execute this report as	he exemp signatur require	otion stated in Section stated in Section stated in Section 5 of the state state state in Section 5 of the state	ion 119 me leg	9.07(3)(i), Florida Statutes. I furthal effect as if made under oath; Statutes: and that my name as	er certify that the int that I am an officer of	iormation or director	