2003 FOR PROFIT CORPORATION

2(UN	003 FO	OR PROFI	T CORPOR	ATI T (l	OŅ/ JBR)	/)	FILED Sep 02, 2003 8	3:00	am
DOCUMENT # P02000130092						Secretary of State 09-02-2003 90191 028 ***550.00			
RUVIRO /	ASSOCIATE	S, INC.							
Principal Place of Business 9301 HUNT CLUB LANE PORT RICHEY FL 34668			Mailing Address 9301 HUNT CLUB LANE PORT RICHEY FL 34668						
2. Principal F	Place of Busines	S	9 438 U.S. Hwy 19 No.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		B
City & Star	te		BW317 Gity & State 1 4 5 1			-,	CHECK HERE IF MAKING CHANGES Applied For		
Zip		Country	34668	Obumi	trý	<u></u>		75 Addi Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
GEISSLER, RUTH 9301 HUNT CLUB LANE					Street Address (P.O. Box Number is Not Acceptable)				
PORT RICHEY FL 34668					City	,	FL	Zip Code	.
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 Of the Signature, typed or printer hame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State							9. Election Campaign Financing Trust Fund Contribution.	\$5.00 Added	Q May Be to Fees
10.	In	OFFICERS AND I		11.			ADDITIONS/CHANGES TO OFFICERS AND DIF	_	
NAME STREET ADDRESS CITY-ST-ZIP	P GEISSLER, F 9301 HUNT PORT RICHE	CLUB LANE	☐ Delete			Ry	VIRA HSSOC. INC	Change .	☐ Addition
TITLE NAME STREET ADDRESS		ESI			ET ADDRESS			Change	Addition
TITLE NAME	SECTY. THE	EAS. —	□ Delete	TITLE				Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	PORT K	PRNHAHDE LEHRY FL	34668 ☐ Delete		ET ADDRESS ST-ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			Delete	NAME STREE				onungo	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					Change	Addition
TITLE NAME		1	☐ Delete	TITLE				Change	Addition
AREA ADDRESS	s the	15T Note	re I kied	en	ET ADDRESS	gli	to new leve had no fun	dsk	to pay
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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Proper									