2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 17, 2000 8:00 am DOCUMENT # P93000003128 Secretary of State RUTH'S ISLAND INTERIORS, INC. 03-17-2000 90037 049 ***150.00 Principal Place of Business Mailing Address 19051 SAN CARLOS BLVD. 19051 SAN CARLOS BLVD. LINIT 17 HNIT 17 626152 FORT MYERS BEACH FL 33931 FORT MYERS BEACH FL 33931-2249 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0390926 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOLZ, MELVIN J. J Street Address (P.O. Box Number is Not Acceptable) 12132 SIESTA DR UNIT 17 FT MYERS FL 33931 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE Change ☐ Delete TITLE **BOLZ. VIRGINIA R** NAME NAME STREET ADDRESS 19051 SAN CARLOS BLVD., UNIT 17 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT MYERS BEACH FL 33931 **DVPS** ☐ Addition Change Delete TITLE BOLZ, MELVIN NAME NAME 19051 SAN CARLOS BLVD., UNIT 17 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS BEACH FL 33931 Change Addition Delete TITLE CHOATE, LISA T. NAME NAME 12130 SIESTA DR 1950 BEACH PARKWAY, SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33904 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eport 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 tracked empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.