

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90158 020 \*\*\*550.00

**DOCUMENT # P94000006248**

1. Entity Name  
**TURCO RUSK MANAGEMENT SERVICES, INC.**

(P)

Principal Place of Business  
**1784 ARABIAN LN**  
**PALM HARBOR FL 34685**

Mailing Address  
**1784 ARABIAN LN**  
**PALM HARBOR FL 34685**

00130631



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number **59-3225157**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**TURCO, LORETO JR**  
**1784 ARABIAN LANE**  
**PALM HARBOR FL 34685**

7. Name and Address of New Registered Agent  
 Name **LORETO TURCO JR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3066 WOODSONG LANE**  
 City **CLEARWATER, FL 33761**

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 *Loreto Turco Jr* DATE **7-15-2002**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME	<b>D TURCO, LORETO</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>1784 ARABIAN LN</b>	
CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>	
TITLE NAME	<b>D RUSK, GERALD</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>98 LUCHSINGER RD</b>	
CITY-ST-ZIP	<b>PORT CLINTON OH 43452</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<b>D TURCO, LORETO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>3066 WOODSONG LANE</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 33761</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Loreto Turco Jr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-15-2002** Daytime Phone # **800-324-8811 EXT. 115**

CR2E034 (4/02)