

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90424 042 ***150.00

DOCUMENT # *P94000027163*

1. Entity Name

RUB+ T, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

35523 Hwy 27 N

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City Florida

City & State

Zip

33844

Country

Polk

Zip

Country

4. FEI Number

59-3234234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert R VanBuskirk

Street Address (P.O. Box Number is Not Acceptable)

1065 W LAKE Hamilton De

City

Wintee Haven

FL

Zip Code

33881

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

- Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
STREET ADDRESS
CITY-ST-ZIP
*President/Vice President
Robert R VanBuskirk
1065 W LAKE Hamilton De
Wintee Haven FL 33881*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*Secretary/Treasurer
Theresa I VanBuskirk
1065 W LAKE Hamilton De
Wintee Haven FL 33881*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert R VanBuskirk* / *ROBERT R. VAN BUSKIRK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-12-02 (863) 421-1304

Daytime Phone #