

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90001 049 ***558.75

00086252

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P95000030019**
 1. Entity Name
ORIENTAL RUBS, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business
2430 Periwinkle Way
 Suite, Apt. #, etc.
 City & State
SANIBEL, FL
 Zip Country
33957 USA

3. Mailing Address
3511 Bonita Bay Blvd.
 Suite, Apt. #, etc.
 City & State
Bonita Springs, FL
 Zip Country
34134 USA

4. FEI Number
65-0593455
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
D, P, S, T
ROBERT LEE RATLIFF
2340 Periwinkle Way
SUITE J-3
SANIBEL, FL 33957

7. Name and Address of New Registered Agent
 Name
Diana A. Perkinson
 Street Address (P.O. Box Number is Not Acceptable)
3511 Bonita Bay Blvd.
 City
BONITA SPRINGS FL Zip Code
34134

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 **Diana A. Perkinson, Pres.** **9/12/2000**
 Signature typed or printed name of registered agent and date (Not a 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, 2000 Min. 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 **D, P, S, T.** ☒ No Delete
 NAME **ROBERT LEE RATLIFF**
 STREET ADDRESS **2340 Periwinkle Way**
 CITY-ST-ZIP **SANIBEL, FL 33957** ☐ Delete
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE **D, P, S, T.** ☐ Change ☒ Addition
 NAME **Diana A. Perkinson**
 STREET ADDRESS **3511 Bonita Bay Blvd.**
 CITY-ST-ZIP **Bonita Springs, FL 34134** ☐ Change ☐ Addition
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE ☐ Change ☐ Addition
 NAME
 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: **Diana A. Perkinson, Pres.** **9.12.2000 941.992.722**

CR2E034 (5/00)