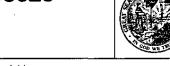
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P95000093623

1. Entity Name **RUNI CORPORATION** 



**FILED** Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90126 024 \*\*\*150.00

Principal Place of Business 1318 LAFAYETTE STREET CAPE CORAL FL 33904			1318	Mailing Address 1318 LAFAYETTE STREET CAPE CORAL FL 33904											
2. Principal Place of Business				3. Mailing Address					1  <b>  -                                  </b>	i edili vali	I BUHB IBIU	II IIII BILLE			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES							
City & State			City & State				4. 1	4. FEI Number 65-0626206					oplied For ot Applicable	7	
Zip Country			Zip C			untry 5.		Certificate of	Status Desired	; [		3.75 Add	ditional	1	
	6. Name	and Address of Current	Register	Registered Agent			7. 1	Name and A	ddress of Nev	v Registe				1	
HILL, THOMAS W							Name Street Address (P.O. Box Number is Not Acceptable)								
1318 LAFAYETTE STREET CAPE CORAL FL 33904														-	
0/4 2 00/2 (2 / 2 0000)											FL	Zip Cod	e	1	
	named entity ions of regist	submits this statement for ered agent.	or the purp	ose of changing its	registere	d office or re	egistered ag	ent, or both,	in the State of			iliar with,	and accept	1	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	olicable. (NOTE	E: Registered	i Agent signature	required when re	einstating)			)ATE				
After	May 1, 200	FEE IS \$150.00 Fee will be \$550.00 Florida Department of	f State		<del></del>		1.50	1	ion Campaign Fund Contribu		g 🗆		<b>0</b> May Be		
10.		OFFICERS AND	DIRECTORS 11.				AD	DITIONS/CI	HANGES TO O	FFICERS	AND DI	RECTOR:	S IN 11	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	, WALTER AYETTE STREET RAL FL 33904		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP						] Change	☐ Addition	00,07,00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEDERLE, EDELTRAUD % 1318 LAFAYETTE STREET CAPE CORAL FL 33904		_	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·			] Change	Addition	1000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MAS W AYETTE ST RAL FL 33904		☐ Delete		TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP					Ē	] Change	☐ Addition		
TITLE Name Street address City-St-Zip				☐ Delete								] Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1							] Change	Addition	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		,						] Change	Addition	1	

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: 4