

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000095316

1. Entity Name
RUST & CHRISTOPHER, P.A.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90124 038 ***150.00

Principal Place of Business

**1077 COSTELLO DR
STE 101-102
NAPLES FL 34102**

Mailing Address

**1044 CASTELLO DRIVE, SUITE 101/102
NAPLES FL 34103-8981**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip
34103

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0627437**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUST, ROBERT J
1044 CASTELLO DR STE 101/102
NAPLES FL 34102**

Name

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

City

FL

Zip Code
34103

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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 **PS** ☐ Delete
NAME **RUST, ROBERT J**
STREET ADDRESS **1044 CASTELLO DR STE 101-102**
CITY-ST-ZIP **NAPLES FL**

TITLE **VTD** ☐ Delete
NAME **CHRISTOPHER, SUSAN K.**
STREET ADDRESS **104 CASTELLO DR STE 101/102**
CITY-ST-ZIP **NAPLES FL**

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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Rust

Date

1/30/01

Daytime Phone #

941-261-1941

CR2E034 (10/00)