

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000003716

1. Entity Name

~~RUTLEDGE & ASSOCIATES, P.A.~~

Aaron Rutledge, CPA, PA

Article
amendment
Filed
Jan - 2000

Name Change

Principal Place of Business

7325 JUDD WAY
ORLANDO FL 32822

Mailing Address

7325 JUDD WAY
ORLANDO FL 32822-5947

2. Principal Place of Business

8214 Lake Crowell Circle

Suite, Apt. #, etc.

3. Mailing Address

8214 Lake Crowell Circle

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32836

Country

USA

Zip

32836

Country

USA

4. FEI Number

59-3353339

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

RUTLEDGE, AARON K

7325 JUDD WAY

ORLANDO FL 32822

Name

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

8214 Lake Crowell Circle

City

Orlando

FL

Zip Code

32836

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

Aaron Rutledge, President AARON RUTLEDGE

2-20-00

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	RUTLEDGE, AARON K	
STREET ADDRESS	7325 JUDD WAY	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8214 Lake Crowell Cir	
CITY-ST-ZIP	Orlando, FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Aaron Rutledge REQUIRED *Aaron Rutledge*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-00

Date

407-345-5177

Daytime Phone #

CR2E034 (9/99)