## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 24, 2002 8:00 am § P96000035729 DOCUMENT # **Secretary of State** 1. Entity Name 03-24-2002 90022 020 \*\*\*150.00 R & R AFTER MARKET, INC. Principal Place of Business Mailing Address 28637 TWINBROOK LN 28637 TWINBROOK LN WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3460692 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSCUS, FRANCIS L Street Address (P.O. Box Number is Not Acceptable) 28637 TWINBROOK LN WESLEY CHAPEL FL 33543 City Zip Code 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE RUSCUS, FRANCIS L NAME NAME 2863 TWINBROOK LN STREET ADDRESS STREET ADDRESS **WESLEY CHAPEL FL 33543** CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE DS ☐ Delete TITLE Change RUSCUS, JUDITH A NAME NAME STREET ADDRESS 2863 TWINBROOK LN STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **WESLEY CHAPEL FL 33543** TITLE D\_Delete\_ ŢĬŢĹĔ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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 of 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

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachme

SIGNATURE:

L. Ruscus

**FILED**