2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 01, 2001 8:00 am DOCUMENT # **P96000050360** Secretary of State 1. Entity Name RUTHERFORD, INC. 05-01-2001 90018 047 ***150.00 Principal Place of Business Mailing Address **ROUTE 2 BOX 1152** ROUTE 2 BOX 1152 000034 MADISON FL 32340 MADISON FL 32340 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 59-3422802 Not Applicable Zip Country 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 Name RUTHERFORD, LEROY D SR Street Address (P.O. Box Number is Not Acceptable) **ROUTE 2 BOX 1152** MADISON FL 32340 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. 12 TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUTHERFORD, LEROY D SR NAME NAME STREET ADDRESS RT 2 BOX 1152 STREET ADDRESS CITY-ST-ZIP MADISON FL CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition RUTHERFORD, ALICE E NAME NAME STREET ADDRESS RT 2 BOX 1152 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MADISON FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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-7IP 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.