

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90156 005 ***150.00

DOCUMENT # P96000050360

1. Entity Name
RUTHERFORD, INC.

Principal Place of Business

**ROUTE 2 BOX 1152
MADISON FL 32340**

Mailing Address

**ROUTE 2 BOX 1152
MADISON FL 32340**

2. Principal Place of Business

LEE, FLORIDA
Suite, Apt. #, etc.

3. Mailing Address

1022 NE RUTHERFORD RD
Suite, Apt. #, etc.

City & State

LEE FLORIDA

City & State

LEE FLORIDA

Zip

32059

Country

USA

Zip

32059

Country

USA I

4. FEI Number

59-3422802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUTHERFORD, LEROY D SR
ROUTE 2 BOX 1152
MADISON FL 32340**

7. Name and Address of New Registered Agent

Name **RUTHERFORD, LEROY D, JR.**
Street Address (P.O. Box Number is Not Acceptable)
1022 NE RUTHERFORD RD.
City **LEE** FL Zip Code **32059**

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, 2002 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 **P** ☐ Delete
NAME **RUTHERFORD, LEROY D SR**
STREET ADDRESS **RT 2 BOX 1152**
CITY-ST-ZIP **MADISON FL**

TITLE **ST** ☐ Delete
NAME **RUTHERFORD, ALICE E**
STREET ADDRESS **RT 2 BOX 1152**
CITY-ST-ZIP **MADISON 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 **P** ☒ Change ☐ Addition
NAME **LEROY D RUTHERFORD JR**
STREET ADDRESS **1022 NE RUTHERFORD RD**
CITY-ST-ZIP **LEE, FL 32059**

TITLE **ST** ☒ Change ☐ Addition
NAME **ALICE E RUTHERFORD**
STREET ADDRESS **1022 NE RUTHERFORD RD**
CITY-ST-ZIP **LEE, FL 32059**

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

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

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)