

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90030 006 ***150.00

CR2E034 (9/01)

DOCUMENT # P96000087968

1. Entity Name
J K RUTHERFORD, INC.

Principal Place of Business
**RT. 1 BOX 708
 SANDERSON FL 32087**

Mailing Address
**RT. 1 BOX 708
 SANDERSON FL 32087**

2. Principal Place of Business
13059 Moccasin Crk Cir.

3. Mailing Address
13059 Moccasin Crk Cir.

Suite, Apt. #, etc.

City & State
SANDERSON FL

City & State
SANDERSON FL

Zip
32087

Country
USA

4. FEI Number
59-3410330

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**RUTHERFORD, JUDITH
 RT. 1 BOX 708
 SANDERSON FL 32087**

7. Name and Address of New Registered Agent
 Name
Rutherford, Judith
 Street Address (P.O. Box Number is Not Acceptable)
13059 Moccasin Crk Cir
 City
SANDERSON FL Zip Code
32087

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 _____ (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. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUTHERFORD, JUDITH RT. 1 BOX 708 SANDERSON FL 32087 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Judith K Rutherford** **Judith K Rutherford** **2/06/2002** **904 259-7365**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #