

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90092 038 ***550.00

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DOCUMENT # P96000099526

1. Entity Name
RUHL & ASSOCIATES, INC.



Principal Place of Business
**7100 BRAMBLEWOOD DRIVE
PORT RICHEY FL 34668
US**

Mailing Address
**7100 BRAMBLEWOOD DRIVE
PORT RICHEY FL 34668
US**

2. Principal Place of Business

7100 Bramblewood dr
Suite, Apt. #, etc.

3. Mailing Address

7100 Bramblewood dr
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Port Richey FL

Zip Country
34668 PASCO

City & State
Port Richey FL

Zip Country
34668 PASCO

4. FEI Number **59-3414682**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAILEY, JOANN
1362 ALT HWY 19
HOLIDAY FL 34091
7100 Bramblewood dr
Port Richey FL 34668

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BAILEY, JOANN**
CITY-ST-ZIP **1362 ALT HWY 19 7100 Bramblewood dr**
HOLIDAY FL 34091 Port Richey FL 34668

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOANN BAILEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-22-03 727-847-2129
Date Daytime Phone #

CR2E034 (4/03)