

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90180 040 ***150.00

0117362 AV

DOCUMENT # P97000029278

1. Entity Name
JAMES A. RUFO, INC.

Principal Place of Business
2025 DEVONSHIRE AVE
COCOA FL 32926

Mailing Address
2025 DEVONSHIRE AVE
COCOA FL 32926



2. Principal Place of Business
834 PLAINVIEW ROAD
 Suite, Apt. #, etc.

3. Mailing Address
834 PLAINVIEW ROAD
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DANDRIDGE, TN
 Zip Country
37725 USA

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DANDRIDGE, TN
 Zip Country
37725 USA

4. FEI Number
59-3441653

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCALARNEY, NANCY A
102 PARK PLACE BLVD B-3
KISSIMMEE FL 34741

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.

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. (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 **PSD** ☐ Delete
 NAME **RUFO, JAMES A**
 STREET ADDRESS **2025 DEVONSHIRE AVE**
 CITY-ST-ZIP **COCOA FL 32926**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **834 PLAINVIEW ROAD**
 CITY-ST-ZIP **DANDRIDGE, TN 37725**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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: X **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3-14-02
 Date Daytime Phone #

CR2E034 (9/01)