

FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 90242 033 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000074449

1. Entity Name  
**JOHN RUTH ENTERPRISES, INC.**



Principal Place of Business Mailing Address  
~~3560 2ND AVE SE~~ **186 GABRIEL CIR** ~~3560 2ND AVE SE~~  
~~NAPLES, FL 34117~~ **NAPLES, FL 34104**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

4. FEI Number **59-3462673** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

RUTH, JOHN M  
~~3560 2ND AVE SE~~ **186 GABRIEL CIR #4**  
~~NAPLES, FL 34117~~ **NAPLES, FL 34104**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	RUTH, JOHN M	<del>3560 2ND AVE SE</del> <b>186 GABRIEL CIR #4</b>	<del>NAPLES, FL 34117</del> <b>NAPLES, FL 34104</b>	
	LAURIA, LORI A	<del>3560 2ND AVE SE</del>	<del>NAPLES, FL 34117</del>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John M. Ruth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-03 - 239-353-4572  
Date Daytime Phone #

CR2E034 (10/02)