


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

05-05-2003 91438 048 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (R)**

DOCUMENT # P98000023791
 1. Entity Name
 J. Trubenbach Construction, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 36432 Grassy Hill Lane Suite, Apt. #, etc.		3. Mailing Address 36432 Grassy Hill Lane Suite, Apt. #, etc.	
City & State Eustis, Florida		City & State Eustis, Florida	
Zip 32736	Country USA	Zip 32736	Country USA

4. FEI Number **59-7123621**
 Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name **John E. Trubenbach**
 Street Address (P.O. Box Number is Not Acceptable)
36432 Grassy Hill Lane
 City **Eustis** FL Zip Code **32736**

3. 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 _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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			
TITLE P	NAME John Trubenbach	TITLE	NAME
STREET ADDRESS 36432 Grassy Hill Lane	CITY-STATE-ZIP EUSTIS, FL 32736	STREET ADDRESS	CITY-STATE-ZIP
TITLE VP	NAME John K. Rutherford	TITLE	NAME
STREET ADDRESS 56601 Otter Road	CITY-STATE-ZIP ASTOR, FL 32102	STREET ADDRESS	CITY-STATE-ZIP
TITLE T	NAME Michelle Wilson	TITLE	NAME
STREET ADDRESS 36432 Grassy Hill Lane	CITY-STATE-ZIP EUSTIS, FL 32736	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	CITY-STATE-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **John E. Trubenbach** **4-28-03** **352-267-8752**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #