

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90005 048 ***550.00

DOCUMENT # P98000038576

1. Entity Name
RUSTY PICTURES, INC.

Principal Place of Business

5457 HANSEL AVE.
#L-10
ORLANDO FL 32809

Mailing Address

5457 HANSEL AVE.
#L-10
ORLANDO FL 32809

2. Principal Place of Business

5305 STRATEMEYER DR

3. Mailing Address

5305 STRATEMEYER DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3511573

Applied For

Not Applicable

Zip

32839

Country

USA

Zip

32839

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSTAD, JOHN M JR
5457 HANSEL AVE.
#L-10
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name RUSTAD, JOHN M JR

Street Address (P.O. Box Number is Not Acceptable)

5305 STRATEMEYER DR

City ORLANDO

FL

Zip Code

32839

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JOHN M RUSTAD JR PRESIDENT 7/9/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

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FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME RUSTAD, JOHN JR
STREET ADDRESS 5457 HANSEL AVE., #L-10
CITY-ST-ZIP ORLANDO FL 32809

☐ Delete

TITLE S
NAME RUSTAD, NANCY K
STREET ADDRESS 5457 HANSEL AVE., #L-10
CITY-ST-ZIP ORLANDO FL 32809

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-856-5480
NANCY K RUSTAD SECRETARY 7/9/01

CR2E034 (5/01)