

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90675 023 ***150.00

DOCUMENT # P98000079452

1. Entity Name
RUSLIN RABSATT, WSC, INC.



Principal Place of Business
1610 N. MULBERRY DR.
TAMPA, FL 33604

Mailing Address
P.O. BOX 310913
TAMPA, FL 33680



2. Principal Place of Business
1610 E. Mulberry Dr.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

City & State
TAMPA, Florida

City & State

4. FEI Number
59-3527199

Applied For
Not Applicable

Zip
33604

Country
Hills

Zip

Country

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

6. Name and Address of Current Registered Agent

RABSATT, RUSLIN
1610 N. MULBERRY DR.
TAMPA, FL 33604

7. Name and Address of New Registered Agent

Name: Ruslin Rabsatt
Street Address (P.O. Box Number is Not Acceptable): 1610 E. Mulberry Dr.
City: TAMPA FL Zip Code: 33604

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
NAME: RUSLIN, RABSATT
STREET ADDRESS: 1610 N MULBERRY DR
CITY-ST-ZIP: TAMPA, FL 33804 ☐ Delete

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P ☒ Change ☐ Addition
NAME: Ruslin Rabsatt
STREET ADDRESS: 1610 E. Mulberry Dr.
CITY-ST-ZIP: TAMPA, FL 33604

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

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