

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-25-2002 90023 038 ***158.75

0432808 AV

DOCUMENT # P98000107671

1. Entity Name

RUTKOWSKI-HAYES AGENCY, INC.

Principal Place of Business

Mailing Address

**11406 N. DALE MABRY HWY.
SUITE E
TAMPA FL 33618**

**11406 N. DALE MABRY HWY.
SUITE E
TAMPA FL 33618**

00040303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3547618

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RUTKOWSKI, JOANN M
3417 VALLEY RANCH DR.
LUTZ FL 33549**

Name: **Lynda A. Flanigan**

Street Address (P.O. Box Number is Not Acceptable)
1027 Pinellas Bayway S.

City: **St. Petersburg**

FL

Zip Code: **33715**

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

Lynda A. Flanigan

Lynda A. Flanigan 3-11-02

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PSD** ☒ Delete
NAME: **RUTKOWSKI, JOANN M**
STREET ADDRESS: **3417 VALLEY RANCH DR.**
CITY-ST-ZIP: **LUTZ FL 33549**

TITLE: **PSD** ☒ Change ☐ Addition
NAME: **Rutkowski, Jo Ann M.**
STREET ADDRESS: **3813 Eagleflight Lane**
CITY-ST-ZIP: **Land O Lakes, FL 34639**

TITLE: **VTD** ☒ Delete
NAME: **HAYES, LYND A**
STREET ADDRESS: **1027 PINELLAS BAYWAY S**
CITY-ST-ZIP: **LUTZ FL 33549**

TITLE: **VTD** ☒ Change ☐ Addition
NAME: **Flanigan, Lynda A.**
STREET ADDRESS: **1027 Pinellas Bayway S.**
CITY-ST-ZIP: **St. Petersburg, FL 33715**

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

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

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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:

JoAnn M. Rutkowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02 813 961-1604

Date

Daytime Phone #

11/01/02 CR2034 (9/01)