

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90225 034 ***158.75

DOCUMENT # P99000017348

1. Entity Name
RUST REMOVAL SYSTEMS, INC.



Principal Place of Business
3811 SW 47TH AVENUE #631
DAVIE FL 33314

Mailing Address
3811 SW 47TH AVENUE #631
DAVIE FL 33314

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0899869

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

WITT, JOANNIE M
3811 SW 47TH AVENUE #631
DAVIE FL 33314

Name **KIM C. LEACH**

Street Address **3811 SW 47TH AVE., #631**

City **DAVIE**

FL

Zip **33314**

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 *Kim C. Leach*
Signature, typed or printed name of registered agent and title if applicable.

Kim C. Leach President

DATE

1/1/3

(NOTE: Registered Agent signature required when reinstating)

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 **PTD** ☒ Delete
NAME **WITT, JOANNIE M**
STREET ADDRESS **1104 MANDARIN ISLE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **PTD** ☒ Change ☐ Addition
NAME **KIM C. LEACH**
STREET ADDRESS **3331 SW 20th STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE **VSD** ☒ Delete
NAME **WITT, JAMES R**
STREET ADDRESS **1104 MANDARIN ISLE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **VSD** ☒ Change ☐ Addition
NAME **TOD D. LEACH**
STREET ADDRESS **3331 SW 20th STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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 *Kim C. Leach*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/1/3

Daytime Phone #

954-321-9880

CR2E034 (10/02)