

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90004 022 ***150.00

DOCUMENT # P99000049458
 1. Entity Name

RUSTON C. ROOD, INC
 Principal Place of Business Mailing Address
 3506 ARIZONA DRIVE 3506 ARIZONA DRIVE
 PENSACOLA, FL 32504 PENSACOLA, FL 32504

00099027

2. Principal Place of Business 3. Mailing Address
 3506 ARIZONA DRIVE 3506 ARIZONA DRIVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
PENSACOLA FL **PRNSACOLA, FL** **59-3600361** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional
32504 **USA** **32504** **USA** Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUSTON C. ROOD 3506 ARIZONA DRIVE PENACOLA, FL 32504		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
	FL		

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	PD <input type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSTON C. ROOD	NAME	RUSTON C. ROOD
STREET ADDRESS	3506 ARIZONA DRIVE	STREET ADDRESS	3506 ARIZONA DRIVE
CITY - ST - ZIP	PENSACOLA, FL 32504	CITY - ST - ZIP	PENSACOLA, FL 32504
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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:  **RUSTON D. ROOD, PRES** 04-30-00 850-341-7310
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)