

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90257 046 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

10094604

DOCUMENT # P99000049458
 1. Entity Name
 RUSTON C ROOD INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3506 ARIZONA DR. Suite, Apt. #, etc.	3. Mailing Address 3506 ARIZONA DR. Suite, Apt. #, etc.
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City & State PENSACOLA, FL	City & State PENSACOLA, FL	4. FEI Number 59-3600361	Applied For Not Applicable
Zip 32504	Country USA	Zip 32504	Country USA

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name RUSTON C ROOD
Street Address (P.O. Box Number is Not Acceptable) 3506 ARIZONA DR.
City PENSACOLA
State FL
Zip Code 32504

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$660.00
 Amended UBR is \$61.25
 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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT RUSTON C ROOD 3506 ARIZONA DR PENSACOLA, FL 32504	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  RUSTON C ROOD, PRES 04/28/03 850 432-3743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E0348 (12/02)