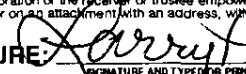


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90031 039 ***158.75

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000049761					
1. Entity Name REBUCK CORPORATION					
Principal Place of Business 9440 FISHBOWL DRIVE HOMOSASSA, FL 34448			Mailing Address 9440 FISHBOWL DRIVE HOMOSASSA, FL 34448		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3316033				Applied For Not Applicable	
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		
FITZGERALD, JAMES E 9440 FISHBOWL DRIVE HOMOSASSA, FL 34448			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 date if applicable. (NOTE: Registered Agent's signature required when appointing)					
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	PT	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BROWN, LARRY		NAME		
STREET ADDRESS	9440 FISHBOWL DR		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP		
TITLE	VS	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	FITZGERALD, JAMES		NAME		
STREET ADDRESS	9440 FISHBOWL DR		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34448		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 incorporator or trustee empowered to prepare 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: 			LARRY P. BROWN 4-29-03 352-422-3406		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		

90130562



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)