

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P99000080186

1. Entity Name

RICHARD RUARK, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

04-20-2000 90088 028 ***150.00

Principal Place of Business

Mailing Address

~~10236 DYLAN STREET #236~~
~~ORLANDO FL 32825~~
~~10236 DYLAN STREET #236~~
~~ORLANDO FL 32825 4040~~

2. Principal Place of Business

1631 PINE RIDGE C.R.S.

3. Mailing Address

← SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

4. FEI Number

593601305

Applied For

Not Applicable

Zip 32773

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUARK, RICHARD

~~10236 DYLAN STREET #236~~
~~ORLANDO FL 32825~~

7. Name and Address of New Registered Agent

Name

Street Address P.O. Box Number is Not Acceptable

1631 PINE RIDGE C.R.S.

City SANFORD

FL

Zip Code 32773

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

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, 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

TITLE PSD
NAME RUARK, RICHARD
STREET ADDRESS ~~10236 DYLAN STREET #236~~
CITY-ST-ZIP ~~ORLANDO FL 32825~~

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1631 PINE RIDGE C.R.S.
CITY-ST-ZIP SANFORD, FL 32773

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00 407-688-9470
Date Daytime Phone #

CR2E034 (9/99)