2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P99000094646** 1. Entity Name MARK RUTECKI & ASSOCIATES, P.A. 04-30-2001 90350 031 ***150.00 Principal Place of Business Mailing Address 472 WATER STREET 1022 Jeaten Bench OR 472 WATER STREET 1022 JEATER BAND OR **CELEBRATION FL 34747 CELEBRATION FL 34747** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3605002 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired - --Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUTECKI, MARK C 1022 Jealer Band DRING Street Address (P.O. Box Number is Not Acceptable) _472 WATER STREET **CELEBRATION FL 34747** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution, Added to Fees (See criteria on back) Make Check Payable to Department of State · OFFICERS AND DIRECTORS 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition TITLE D TITLE ☐ Change NAME RUTECKI, MARK C 472 WATER STREET 1022 Jeater Bend Deive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CELEBRATION FL 34747** ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F ☐ Channe TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

MARK RUTECKI

SIGNATURE: