

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90313 003 ***150.00

DOCUMENT # P99000096752

1. Entity Name

FLORIDA RUST, INC.

Principal Place of Business

**1117 EGRET LANE WAY
 MELBOURNE FL 32940**

Mailing Address

**1117 EGRET LANE WAY
 MELBOURNE FL 32940**

2. Principal Place of Business

1117 EGRET LAKE WAY

3. Mailing Address

1117 EGRET LAKE WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

59-3611613

Applied For

Not Applicable

Zip

32940

Country

Zip

32940

Country

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

GUESS, ROBERT

**1117 EGRET LANE WAY
 MELBOURNE FL 32940**

Name

GUESS, ROBERT

Street Address (P.O. Box Number is Not Acceptable)

1117 EGRET LAKE WAY

City

MELBOURNE

FL

Zip Code

32940

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, 2001 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 ☐ Delete
 NAME **GUESS, ROBERT**
 STREET ADDRESS **1117 EGRET LANE WAY**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **P/D** ☒ Change ☐ Addition
 NAME **GUESS, ROBERT**
 STREET ADDRESS **1117 EGRET LAKE WAY**
 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE **VPSD** ☐ Delete
 NAME **PAIKE, DOUG**
 STREET ADDRESS **2228 EGRET LAKE DAY**
 CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **V/S/D** ☒ Change ☐ Addition
 NAME **PAIK, DOUGLAS**
 STREET ADDRESS **998 LYNBROOK ST NW**
 CITY-ST-ZIP **PALM BAY, FL 32907**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 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 19.07(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 a address, with all other like empowered.

SIGNATURE:

DOUGLAS W. PAIK

4/24/01

321-724-8025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)