

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101647

1. Entity Name
RUGNATION, INC.

Principal Place of Business

126 BAYSHORE ROAD
NOKOMIS FL 34275

Mailing Address

126 BAYSHORE ROAD
NOKOMIS FL 34275

New:

2. Principal Place of Business

7253 Central Ave.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33710 Pine Hl

Country

New:

3. Mailing Address

7253 Central Ave.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33710 Pine Hl

Country

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90020 014 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3652273

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILLA, JUDSON T
126 BAYSHORE ROAD
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name Villa, Judson T.
Street Address (P.O. Box Number is Not Acceptable)
3316 Key Avenue
City Sarasota FL Zip Code 34239

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 Judson T. Villa

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/02

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 11:30 AM on 4/19/02, fee will be \$50.00
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 D
NAME VILLA, JUDSON T
STREET ADDRESS 126 BAYSHORE ROAD
CITY-ST-ZIP NOKOMIS FL 34275 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 (787) 347-7847
Date Daytime Phone #

CR2E034 (5/00)