

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101647

1. Entity Name
RUGNATION, INC.Principal Place of Business
126 BAYSHORE ROAD
NOKOMIS FL 34275Mailing Address
126 BAYSHORE ROAD
NOKOMIS FL 34275FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90020 014 ***150.00

012043

New:
2. Principal Place of Business
7853 Central Ave.
Suite, Apt. #, etc.New:
3. Mailing Address
7853 Central Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg, FL
Zip 33710 Country PinellasCity & State
St. Petersburg, FL
Zip 33710 Country Pinellas4. FEI Number
59-3652273
Applied For
Not Applicable5. 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 SEPTEMBER 1, 2002 Min. will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	D VILLA, JUDSON T 126 BAYSHORE ROAD NOKOMIS FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)