

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S27528

1. Entity Name

RUSCH INDUSTRIES OF TAMPA, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90114 043 ***150.00

Principal Place of Business

4616 N HESPRIDES
TAMPA FL 33614
US

Mailing Address

P O BOX 15606
TAMPA FL 33684
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3045770

Applied For

Not Applicable

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

USCHOLD, ROBERT D.
1009 OAKRIDGE MANOR DR
BRANDON FL 33511

6053 C.R. 630
Bushnell, FL 33513

Name

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

City

FL

Zip Code

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
NAME USCHOLD, ROBERT D.
STREET ADDRESS 1009 OAKRIDGE MANOR DR.
CITY-ST-ZIP BRANDON FL

☐ Delete

TITLE NAME
NAME 6053 C.R. 630
STREET ADDRESS Bushnell, FL 33513
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE VSD
NAME USCHOLD, JUDITH A
STREET ADDRESS 1009 OAKRIDGE MANOR DRIVE
CITY-ST-ZIP BRANDON FL

☐ Delete

TITLE NAME
NAME 6053 C.R. 630
STREET ADDRESS Bushnell, FL 33513
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

Judith A Uschold, Judith A Uschold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

813-876-9026

Date

Daytime Phone #

CR2E034 (10/00)