

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S27528

1. Entity Name
RUSCH INDUSTRIES OF TAMPA, INC.

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

4413 N Hesprides

3. Mailing Address

Suite, Apt. #, etc.

4. City & State

Tampa FL

City & State



DO NOT WRITE IN THIS SPACE

Zip 33614

Country US

Zip

Country

5. FEI Number

59-3045770

Applied For

Not Applicable

6. 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.
6053 CR 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, 2002 Fee 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 PD Delete
NAME USCHOLD, ROBERT D.
STREET ADDRESS 6053 CR 630
CITY-ST-ZIP BUSHNELL FL 33513TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VSD Delete
NAME USCHOLD, JUDITH A
STREET ADDRESS 6053 CR 630
CITY-ST-ZIP BUSHNELL FL 33513TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
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CITY-ST-ZIPTITLE Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE 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 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 4/5/02 813-876-9026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)