2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$30783 1. Entity Name

RUSTICALA INC

Principal Place of Business

Mailing Address

5360 GULF OF MEXICO DRIVE **UNIT 103**

Suite, Apt. #, etc.

City & State

Zip

5360 GULF OF MEXICO DRIVE

UNIT 103 LONGBOAT KEY FL 34228

Country

LONGBOAT KEY FL 34228-2046

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

FILED

Feb 25, 2000 8:00 am

Secretary of State

02-25-2000 90011 004 ***150.00

City & State

4. FEI Number Zip Country

65-0248312

7. Name and Address of New Registered Agent

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINGENS, CHRISTINE A. 5360 GULF OF MEXICO DR. **UNIT NO 105** LONGBOAT KEY FL 34228

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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

City

(NOTE: Registered Agent signature required when reinstating)

Zip Code FL

DATE

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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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

OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE TITLE Delete LINGENS, CHRISTINE A. MAME NAME 5360 GULF OF MEX DR #105 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY FL CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO