

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S70135**

1. Entity Name  
**RUBE'S II, INC.**

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90089 021 \*\*\*150.00

Principal Place of Business  
**1350 B. OCEANSHORE BLVD.  
ORMOND BEACH FL 32176**

Mailing Address  
**1350 B. OCEANSHORE BLVD.  
ORMOND BEACH FL 32176**

2. Principal Place of Business  
**1598 Old Kings Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**1598 Old Kings Rd**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Hollyhill FL.**  
Zip  
**32117**

City & State  
**Hollyhill FL**  
Zip  
**32117**

4. FEI Number **59-3117416**

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**

**RUBNICH, AUDREY  
1701 MONTGOMERY AVENUE  
HOLLY HILL FL 32117**

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 **Audrey Rubnich Audrey Rubnich v.p.**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**4-13-01**  
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 **P** ☐ Delete  
NAME **PATRICIA A. RUBNICH**  
STREET ADDRESS **3804 W. YORKSHIRE AVE**  
CITY-ST-ZIP **PEORIA IL 61615**

TITLE **P** ☒ Change ☐ Addition  
NAME **Patrica Rubnich**  
STREET ADDRESS **3412 N Devoy**  
CITY-ST-ZIP **Peoria IL 61615**

TITLE **VP** ☐ Delete  
NAME **AUDREY C RUBNICH**  
STREET ADDRESS **1701 MOUNTGOMERY AVE**  
CITY-ST-ZIP **HOLLY HILL FLORIDA FL 32117**

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

TITLE **T** ☐ Delete  
NAME **KEVIN RUBNICH**  
STREET ADDRESS **20 CLEMENT TERR**  
CITY-ST-ZIP **QUINCY MS**

TITLE **T** ☒ Change ☐ Addition  
NAME **Kevin Rubnich**  
STREET ADDRESS **17 S. Anderson**  
CITY-ST-ZIP **Charleston So Carolina 29412**

TITLE **S** ☐ Delete  
NAME **SEAN RUBNICH**  
STREET ADDRESS **4 VIKING CT**  
CITY-ST-ZIP **SO.BOSTON MA**

TITLE **S** ☒ Change ☐ Addition  
NAME **SEAN Rubnich**  
STREET ADDRESS **75 skyline Dr. #6**  
CITY-ST-ZIP **Braintree MA 0218V**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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: **Audrey Rubnich Audrey Rubnich VP** **4-13-01** **386-323-3766**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)