

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # S70135

1. Entity Name
RUBE'S II, INC.



Principal Place of Business
**1598 OLD KINGS RD
HOLLY HILL, FL 32117**

Mailing Address
**1598 OLD KINGS RD
HOLLY HILL, FL 32117**



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3117416

Applied For
No: Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE *Audrey Rubnich* *V.P.* *4-19-04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATRICIA A. RUBNICH
STREET ADDRESS	3412 N LEVOY
CITY-STATE-ZIP	PEORIA, IL 61615
TITLE	VP
NAME	AUDREY C RUBNICH
STREET ADDRESS	1701 MOUNTGOMERY AVE
CITY-STATE-ZIP	HOLLY HILL FLORIDA, FL 32117
TITLE	T
NAME	RUBNICH, KEVIN
STREET ADDRESS	1410 COLUMBIN RD #12A
CITY-STATE-ZIP	BOSTON, MA 02127
TITLE	S
NAME	SEAN RUBNICH
STREET ADDRESS	75 SKYLINE DR #6
CITY-STATE-ZIP	BRAINTREE, MA 02184
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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04/29/04-80096-001 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Audrey Rubnich* *4-19-04* *386-323-3761*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #