2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2001 8:00 am Secretary of State DOCUMENT # 192285 1. Entity Name RUSSELL ENGINEERING, INC. 03-06-2001 90358 019 ***150.00 Principal Place of Business Mailing Address 2530 S.W. 36TH STREET 2530 S.W. 36TH STREET FT. LAUDERDALE-FL-33312- ---FT. LAUDERDALE FL-33312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0767981 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSSELL, GEORGE L. SR. Street Address (P.O. Box Number is Not Acceptable) 15438 SW 31ST ST DAVIE FL 33331 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME RUSSELL, GEORGE L, SR STREET ADDRESS STREET ADDRESS 15438 SW 31ST ST CITY-ST-ZIP CITY-ST-ZIP DAVIE FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME AKINS, RONALD E. STREET ADDRESS STREET ADDRESS 11801 NW 15TH COURT CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME RUSSELL, KAREN S NAME STREET ADDRESS STREET ADDRESS 15438 SW 31ST CITY-ST-ZIP CITY-ST-ZIP DAVIE FL -TITLE ----Delete · TITLE GEORGE LAWSSEN, 512 NAME NAME STREET ADDRESS 15438 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied dith 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 of trusted 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 appears, with all other like empowered. 13. I hereby certify that the information supplied

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

PRES.