2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State
01-24-2003 90050 034 ***150.00

DOCUMENT # J91064

1. Entity Name
RUSSO AND RUSSO, P.A.

Principal Place of Business	Mailing Address
11300-4TH ST. N. #149	11300-4TH ST. N. #149
ST. PETERSBURG FL 33716	ST. PETERSBURG FL 33716
US	US

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
877 Executive Center Dr. W.		877 Executive Center Dr. W.	
Suite, Apt. #, etc.: Suite 112		Suite, Apt. #, etc.: Suite 112	
City & State: St. Petersburg, FL		City & State: St. Petersburg, FL	
Zip: 33702	Country: US	Zip: 33702	Country: US

4. FEI Number 59-2851114 — [ ] 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
RUSSO, FRANK K.	Name: Russo, Frank K.
11300-4TH ST. N. STE. 121	Street Address (P.O. Box Number is Not Acceptable): 877 Executive Center Drive West, Suite 112
ST. PETERSBURG FL 33716	City: St. Petersburg FL Zip Code: 33702

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 ______ 1/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	RUSSO, FRANK K.		NAME		
STREET ADDRESS	4600 WATERFORD CT. NE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETE, FL 33703		CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: SIGNATURE REQUIRED 1/22/03 (727) 578-0303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #