

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009939

1. Entity Name

RUSSELLVISION LLC

Principal Place of Business

Mailing Address

4701 VINSETTA AVENUE
NORTH FORT MYERS FL 33903

4701 VINSETTA AVENUE
NORTH FORT MYERS FL 33903

2. Principal Place of Business

3. Mailing Address

1202 NE Pine Island Rd

P.O. Box 61126

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT R

City & State

City & State

CAPE CORAL

FORT MYERS FL

Zip

Country

Zip

Country

33909

USA

33906

LEE USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHANY, SHAUN
4701 VINSETTA AVENUE
NORTH FORT MYERS FL 33903

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

500004509835--2

-07/31/01--01066--009

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STEPHANY, SHAUN
4701 VINSETTA AVENUE
NORTH FORT MYERS FL 33903 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STEPHANY, MICHELLE
4701 VINSETTA AVENUE
NORTH FORT MYERS FL 33903 ☐ Delete

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

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

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☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7.19.01

941.939.8420

Date

Daytime Phone #

CP2E083 (5/01)

FILED

01 JUL 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE