72001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000047697 THERESA RUSSELL INCORPORATED Mailing Address Principal Place of Business 19903 VILLA LANTE PLACE 19903 VILLA LANTE PLACE **BOCA RATON FL 33434 BOCA RATON FL 33434** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Country Zip 6. Name and Address of Current Registered Agent Name BARTOLO, THERESA

19903 VILLA LANTE PLACE BOCA RATON FL 33434

9. This corporation is eligible to satisfy its Intangible

BARTOLO, THERESA

19903 VILLA LANTE PLACE

19903 VILLA LANTE PLACE

BOCA RATON FL 33434

HUTCHINS, RUSSELL

Tax filing requirement and elects to do so.

(See criteria on back)

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

OFFICERS AND DIRECTORS

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

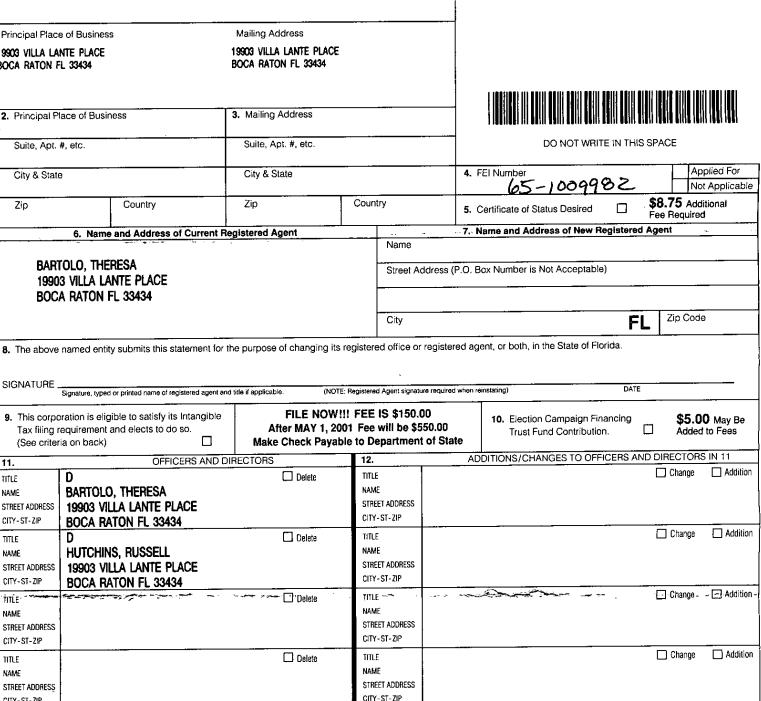
STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Apr 24, 2001 8:00 am Secretary of State

04-24-2001 90319 032 ***150.00



CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** TITLE -TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

Delete

12.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER