2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90163 043 ***150.00

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1. Entity Name
BARRINGTON A. RUSSELL, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
4426 INYERRARY BLVD LAUDERDALE LAKES FL 33319	4426 INYERRARY BLVD LAUDERDALE LAKES FL 33319

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4510 INVERRARY BLVD.	4510 INVERRARY BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERHILL, FL	City & State: LAUDERHILL, FL
Zip: 33319 Country:	Zip: 33319 Country:

4. FEI Number 65-0736886 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUSSELL, BARRINGTON A
4040 NW 47 TERRACE
LAUDERDALE LAKES FL 33319

7. Name and Address of New Registered Agent

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

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 $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 NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, BARRINGTON A 4040 NW 47 TERRACE LAUDERDALE LAKES FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, BARRINGTON A 4040 NW 47 TERRACE LAUDERDALE LAKES FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: SIGNATURE REQUIRED 4/10/03 954-742-2283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)