2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State
01-24-2003 90064 021 ***150.00

DOCUMENT # P99000020717

1. Entity Name
RUSSO AND SONS, INC.

Principal Place of Business	Mailing Address
12120 SAPPHIRE DR. CLERMONT FL 34711	12120 SAPPHIRE DR. CLERMONT FL 34711

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12120 Sapphire Dr.	12120 Sapphire Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clermont, FL.	City & State: Clermont Fl.
Zip:	Country:	Zip: 34711	Country: US.

4. FEI Number 65-0899198 ☐ 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, MARILYN 12120 SAPPHIRE DRIVE CLERMONT FL 34741	Name: Marilyn Russo Street Address (P.O. Box Number is Not Acceptable): 12120 Sapphire Dr. City: Clermont Fl. FL Zip Code: 34711

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: Marilyn Russo DATE: 1/22/03
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
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	P RUSSO, MICHAEL 3170 WHOOPING CRANE RUN KISSIMMEE FL 34741 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marilyn Russo VP 12120 Sapphire DR. Clermont FL. 34711 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 — Marilyn Russo   1/22/03   352-241-4866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #