2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

307231 DOCUMENT

1. Entity Name

RUSSELL ASSOCIATES INC



Jan 21, 2003 8:00 am Secretary of State

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Principal Place of B 5755 RIO VISTA RO CLEARWATER FL 33 US	AD		5755 RIO VISTA ROAD CLEARWATER FL 33760					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		I 180106 14114 00114 18010 14000 31142 1101 01014 01014 01014 01014 01014 01014 01014			
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number 11-3168492	Applied For Not Applicable		
Zip	Country	Zip	Coun	itry	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			
HAAS, RICHARD 5755 RIO VISTA DR			Street Address (P.O. Box Number is Not Acceptable)					

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.	•

City

Signature, typed or printed name of registered agent and title if applicable. ALEKOKA SE E S

CLEARWATER FL 33760

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be

CR2F034 (10/02)

Zip Code

TITLE MAME STREET ADDRESS STREET		May 1, 2003 Fee Will be \$550.00				Trust Fund Contribution	n. 🗀	Added	to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	Make Check	Payable to Florida Department of State							
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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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #