2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # 373277** 1. Entity Name RUSSELL HERIG & ASSOCIATES, INC. 01-18-2000 90029 021 ***150.00 Mailing Address Principal Place of Business 4007 N. 56TH STREET 4007 N. 56TH STREET TAMPA FL 33610-7133 **TAMPA FL 33610** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1313510 Not Applied \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent .-6.-Name and Address of Current-Registered Agent BUTLER JAMES HERIG, RUSSELL K Street Address (P.O. Box Number is Not Acceptable) 4104 HELENE PLACE 1820 N TAYLOR VALRICO FL 33594 Rτ Zip Code 33510 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS BUTLER, JAMES E Change TITLE Delete TITLE BUTLER, JAMES E NAME NAME 1820 No TAYLOR RD STREET ADDRESS STREET ADDRESS 1820 NORTH TAYLOR ROAD BRANDON FL 33510 CITY-ST-ZIP CITY-ST-ZIP BRANDON FL 33510 🗶 Delete TITLE TITLE SOULE, JENNIFER 1906 N TAYLOR RP BRANDON -FL 33510 HERIG, BARBARA J NAME NAME STREET ADDRESS STREET ADDRESS 4104 HELENE PL CITY_ST-ZIP - = CITY-ST-ZIP VALRICO, FL:-- --☐ Change ☐ Delete TITLE TITLE BUTLER, BARBARA H NAME NAME 1820 NORTH TAYLOR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33510** ☐ Change X Delete TITLE TITLE SoulE, RICHARD HERIG, RUSSELL K NAME 1906 N' TAYLOR RD STREET ADDRESS 4104 HELEN PL STREET ADDRESS CITY-ST-ZIP BRADON CITY-ST-ZIP VALRICO FL ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP City-ST-7IP □ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or sustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachmen

SIGNATURE:

JAMES E BURER