## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

1527 7TH AVENUE

**TAMPA FL 33605** 

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## 482864 **DOCUMENT #**

1. Entity Name RUSSEK AND COMPANY

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

RUSSEK, JULIO

3160 61ST WAY NORTH ST PETERSBURG FL

City & State

, Zip

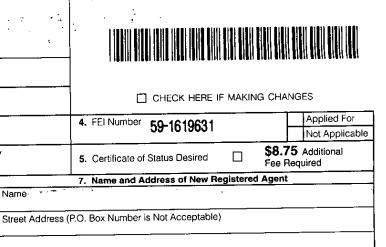
1527 7TH AVENUE

**TAMPA FL 33605** 



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90224 005 \*\*\*150.00



City 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.

Country

Name

SIGNATURE

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

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

Zip Code

\$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change TITLE ☐ Delete TITLE RUSSEK, JULIO NAME NAME 5908 BAYVIEW CIRCLE STREET ADDRESS STREET ADDRESS ST PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE RUSSEK, ROSA NAME 5908 BAYVIEW CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP ☐ Addition [ ] Change TITLE ☐ Delete TITLE NAME RUSSEK, ROSA NAME STREET ADDRESS 5908 BAYVIEW CIRCLE STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 truftee 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 01/10/03

Daytime Phone #