

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90046 047 ***150.00

DOCUMENT # 527122

1. Entity Name

RUSSELL E. CARLISLE, P.A.

Principal Place of Business

**415 S.E. 12TH STREET
 FT. LAUDERDALE FL 33316**

Mailing Address

**415 S.E. 12TH STREET
 FT. LAUDERDALE FL 33316**

2. Principal Place of Business

**1323 S.E. THIRD AVENUE
 Suite, Apt. #, etc.**

3. Mailing Address

**1323 S.E. THIRD AVENUE
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE, FLORIDA

City & State

FT. LAUDERDALE, FLORIDA

4. FEI Number

59-1726218

Applied For

Not Applicable

Zip

33316

Country

U.S.A.

Zip

33316

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARLISLE, RUSSELL E.
 415 S.E. 12TH ST.
 FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **RUSSELL E. CARLISLE**
 Street Address (P.O. Box Number is Not Acceptable)
1323 S.E. THIRD AVENUE
 City **FT. LAUDERDALE** FL Zip Code **33316**

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

RUSSELL E. CARLISLE
 (NOTE: Registered Agent signature required when reinstating)

JANUARY 18, 2002
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
 NAME **CARLISLE, RUSSELL E.**
 STREET ADDRESS **415 S.E. 12TH ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **VPD** ☐ Delete
 NAME **CARLISLE, DAVID R.**
 STREET ADDRESS **1 SE 3RD AVE 28TH FL**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VPDS** ☐ Delete
 NAME **CARLISLE, STEPHEN M.**
 STREET ADDRESS **415 S.E. 12TH ST.**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **RUSSELL E. CARLISLE**
 STREET ADDRESS **1323 S.E. THIRD AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPDS** ☒ Change ☐ Addition
 NAME **STEPHEN M. CARLISLE**
 STREET ADDRESS **1323 S.E. THIRD AVENUE**
 CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 18, 2002 **(954) 764-4000**
 Date Daytime Phone #

CR2E034 (9/01)