## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 06, 2001 8:00 am **DOCUMENT # 695376 Secretary of State** RUSSELL NORTH CONSTRUCTION, INC. 02-06-2001 90321 014 \*\*\*150.00 Principal Place of Business Mailing Address 895 PLANTATION BLVD 895 PLANTATION BLVD LAKE CITY FL 32055 LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2105605 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOLBROOK, H. LEON Street Address (P.O. Box Number is Not Acceptable) 2301 INDEPENDENT SQ., ONE INDEPENDENT DR. JACKSONVILLE FL 32202 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition ☐ Delete Change TITLE TITLE NORTH, JEAN B NAME NAME STREET ADDRESS STREET ADDRESS 895 PLANTATION BLVD CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32055 ☐ Delete Change ☐ Addition TITLE TITLE NORTH, JOHN RUSSELL NAME NAME STREET ADDRESS STREET ADDRESS 895 PLANTATION BLVD. CITY-ST-7IP CITY-ST-7IP LAKE CITY FL 32055 ☐ Change ☐ Addition TITLE Delete TITLE NORTH, JOHN RUSSELL J NĂMÉ NAME STREET ADDRESS 895 PLANTATION BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-7IP LAKE CITY FL 32055 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truetes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR