


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90072 004 ***550.00

DOCUMENT # 695376

1. Entity Name
RUSSELL NORTH CONSTRUCTION, INC.



Principal Place of Business
**895 PLANTATION BLVD
LAKE CITY FL 32055
US**

Mailing Address
**895 PLANTATION BLVD
LAKE CITY FL 32055**



2. Principal Place of Business
187 N.W. Forest Meadows Ave

3. Mailing Address
187 NW FOREST Meadows Ave.

CHECK HERE IF MAKING CHANGES

City & State
Lake City, FL

City & State
Lake City, FL

Zip
32055

Country
USA

4. FEI Number
59-2105605

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
2301 INDEPENDENT SQ., ONE INDEPENDENT DR.
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Russell North* DATE 8/10/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	NORTH, JEAN B	
STREET ADDRESS	895 PLANTATION BLVD	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	DP	<input type="checkbox"/> Delete
NAME	NORTH, JOHN RUSSELL	
STREET ADDRESS	895 PLANTATION BLVD.	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NORTH, JOHN RUSSELL J	
STREET ADDRESS	895 PLANTATION BLVD	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Russell North* DATE 8/10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)