2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

C/O RISDON, RUSSELL W.

L10209 DOCUMENT

. Entity Name

'rincipal Place of Business

2/O RISDON, RUSSELL W.

NAME

STREET ADDRESS

CITY-ST-ZIP -

SIGNATURE:

RUSSELL W. RISDON, INC.

I192 BRENGIE AVENUE DRIANDO FL 32806 IS L. Principal Place of Business	1912 BRENGLE AVENUE ORLANDO FL 32808 US 3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	_	
City & State	City & State	•	4. FEI Number 59-2962352 Applied For Not Applicable		
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent	ł	
براس معرف المنطقين والمناورة والمناورة والمناطقين والمن		Name	Name		
RISDON, RUSSELL W.		Street Address	s (P.O. Box Number is Not Acceptable)		
1912 BRENGLE AVENUE					
BLDG. B-2 Orlando fl. 32808		City	FL Zip Code		
SIGNATURE Signature, typed or printed name of registere	H, Kmylon ed agent and title II applicables (NO	TE: Registered Agent signature requi	A state of the sta		
FILE NOW!!! FEE IS \$150.0 After May 1, 2003 Fee will be \$55 Make Check Payable to Florida Departm	50.00	And the second	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	į	
	S AND DIRECTORS	. 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN .11	, ²²	
NAME STREET ADDRESS CITY-ST-ZIP D RISDON, RUSSELL W. 1912 BRENGLE AVENUE ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change : Addition	CR2E034 (10/02)	
TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	9	
TITLE NAME	☐ Delete	TITLE NAME	Change Addition		
STREET ADDRESS CITY-ST-ZIP	· ·	STREET ADDRESS CITY+ST-ZIP	☐ Change ☐ Addillon	-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	ITILE NAME STREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS	Delete	TITLE NAME STREET ADDRESS	(☐ Change ☐ Addition		
CITY-S1-ZIP	☐ Delete =	CITY-ST-ZIP IITLE	The Change ☐ Addition		

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

90 Guston.

FILED

2/2

Mar 11, 2003 8:00 am Secretary of State

02-21-2003 90833 025 ***150.00