

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90023 016 ***150.00

DOCUMENT # L66427

1. Entity Name

RUSSELL PARDEE, INC.

Principal Place of Business

**3941 SE 14TH PL
 Ocala FL 34471
 US**

Mailing Address

**3941 SE 14TH PLACE
 Ocala FL 34471
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3042835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARDEE, WILLIAM RUSSELL
 3941 SE 14TH PLACE
 Ocala FL 34471**

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.

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **PARDEE, WILLIAM RUSSELL**
 CITY-ST-ZIP **3941 SE 14TH PLACE
 Ocala FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

8-13-02 352 331 3155

CR2E034 (9/01)

Attachment

L66427

7-23-02

To whom it may Concern,

In June I had to terminate my Secretary for not doing her job correctly.

In July I was gathering papers to take to the Accountant and I came across this Uniform Business Report filed in a place it should have never been.

I apologize and hope you could please over look this fine.

This would had been paid months ago if I had known.

Russell Pardee

Attachment



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

July 31, 2002

RUSSELL PARDEE, INC.
3941 SE 14TH PLACE
OCALA, FL 34471 US

SUBJECT: RUSSELL PARDEE, INC.
Ref. Number: L66427

We have received your document for RUSSELL PARDEE, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The annual report/uniform business report/reinstatement application must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 402A00046238

Thank You Very Much