

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90054 023 ***150.00

DOCUMENT # P00000040549

1. Entity Name
WILLIAM A RUSSEY SHEETING, INC.

Principal Place of Business 8345 ARGYLE CORNERS COURT JACKSONVILLE FL 32244	Mailing Address 8345 ARGYLE CORNERS COURT JACKSONVILLE FL 32244
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 1561 Saddlebrook Lane	3. Mailing Address Suite, Apt. #, etc. 1561 Saddlebrook Lane
City & State Jacksonville FL	City & State Jacksonville FL
Zip 32221	Country Duval

4. FEI Number 59-3648947	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
**RUSSEY, WILLIAM A
 8345 ARGYLE CORNERS COURT
 JACKSONVILLE FL 32244**

7. Name and Address of New Registered Agent
 Name **William A. Russey**
 Street Address (P.O. Box Number is Not Acceptable)
1561 Saddlebrook Lane
 City **Jacksonville** **FL** Zip Code **32201**

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 William A. Russey DATE 4-3-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D RUSSEY, WILLIAM A 8345 ARGYLE CORNERS COURT JACKSONVILLE FL 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: William A. Russey DATE 4-3-01 DAYTIME PHONE # (904) 772-8732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)