2002 UNIFORM BUSINESS REPORT (UBR)

Mar 11, 2002 8:00 am Secretary of State DOCUMENT # P00000040549 1. Entity Name 03-11-2002 90020 009 ***150.00 WILLIAM A RUSSEY SHEETING, INC. Principal Place of Business Mailing Address 1561 SABBLEBROOK LANE 1561 SABBLEBROOK LANE JACKSONVILLE FL 32221 JACKSONVILLE FL 32221 3. Mailing Address reen M 288 Willow Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3648947 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ۱۵ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ian RUSSEY, WILLIAM A Street Address (P.O. Rox Number is Not Acceptable) 1561 SADDLEBROOK LANE JACKSONVILLE FL 32221 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 e required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/01) TITLE Delete TITI F NAME NAME RUSSEY, WILLIAM A STREET ADDRESS STREET ADDRESS 8345 ARGYLE CORNERS COURT CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32244 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change Silvi Bak in ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 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.

FILED