

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91785 043 ***150.00

DOCUMENT # P00000049364

1. Entity Name
RUSSELL BROOKS PROPERTIES, INC.



Principal Place of Business
1206 SOUTH STREET
KEY WEST FL 33040

Mailing Address
1206 SOUTH STREET
KEY WEST FL 33040

44003845

2. Principal Place of Business

3. Mailing Address

1896 HIBISCUS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

Country

Zip

Country

34239

USA

4. FEI Number

65-1023936

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

BROOKS, BARI
1206 SOUTH STREET
KEY WEST FL 33040

1896 HIBISCUS ST
SARASOTA, FL 34239

Name

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

PLEASE NOTE ADDRESS CHANGE
WE CHANGED IT LAST YEAR
THANK YOU!

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BROOKS, BARI
STREET ADDRESS 1206 SOUTH STREET
CITY-ST-ZIP KEY WEST FL 33040
1896 HIBISCUS ST.
SARASOTA, FL

TITLE P
NAME RUSSELL, MARTIN T
STREET ADDRESS 1206 SOUTH STREET
CITY-ST-ZIP KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)