

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-14-2003 90344 006 \*\*\*150.00  
FILED P01000008786

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008786

1. Entity Name

PAUL RUSSELL ENTERPRISES, INC.



Principal Place of Business  
4776 AMELIA ISLAND PARKWAY  
UNIT #1, OCEAN PLACE  
AMELIA ISLAND FL 32034

Mailing Address  
4776 AMELIA ISLAND PARKWAY  
UNIT #1, OCEAN PLACE  
AMELIA ISLAND FL 32034

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

59-3700289

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSELL, PAUL  
4776 AMELIA ISLAND PARKWAY  
UNIT #1, OCEAN PLACE  
AMELIA ISLAND FL 32034

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. 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 reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
RUSSELL JR, PAUL  
4776 AMELIA ISLAND PKWY UNIT 1  
AMELIA ISLAND FL 32034-5560 ☐ Delete

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

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☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0003135 AV

CP2E034 (10/02)

*Attachment #*

90142544

Paul Russell Enterprises, Inc.  
July 7, 2003.

*PO1000008786*

Florida Department of State:

Please accept our Check for \$150.00 for our State fee as we were traveling and just got to meet with our Financial Advisor and learned that our check was misplaced. We are very small company and the additional \$400.00 will be a hardship and we promise to get our bookkeeping more up to date.

Thanks,

Paul Russell

*Paul Russell*