

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90050 013 ***150.00

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DOCUMENT # P01000050864

1. Entity Name
RUSS PISANO, INC.

Principal Place of Business

418 SW 140 TERR
NEWBERRY FL 32669

Mailing Address

418 SW 140 TERR
NEWBERRY FL 32669

2. Principal Place of Business

4740 NW 20th place
 Suite, Apt. #, etc.

3. Mailing Address

4740 NW 20th place
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville FL

City & State

Gainesville FL

4. FEI Number

59-371-2123

Applied For

Not Applicable

Zip
32605

Country
USA

Zip
32605

Country
USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PISANO, RUSSELL L JR
418 SW 140 TERR
NEWBERRY FL 32669

7. Name and Address of New Registered Agent

Name
Pisano, Russell L. Jr
Street Address (P.O. Box Number is Not Acceptable)
4740 NW 20th pl
City
Gainesville
FL
Zip Code
32605

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 *Russell L. Pisano Jr*

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Russell L. Pisano Jr* **Russell L. Pisano, Jr** **4/9/02** **352-870-0711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)