## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State P01000058020 DOCUMENT # 1. Entity Name 05-06-2002 90114 049 \*\*\*150.00 RUSSI BIG O. INC. Principal Place of Business Mailing Address 6010 CHARDONNAY LN. #101 6010 CHARDONNAY LN. #101 NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address 5 Creek 5 Creek /*\c/6* Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State M DRI 59 - 372<u>-3600</u> 40100 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ひらみ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ++xDen arden, Russi W (P.O. Box Number is Not Acceptable) 6010 CHARDONNAY LN. #101 NAPLES FL 34119 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITI F TITLE 5 Creek Creie Nagles, Floring 34114 arden. Russi W NAME NAME STREET ADDRESS 6010 CHARDONNAY LN: #101 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP ☐ Defete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

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**SIGNATURE:** 

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