

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90114 049 ***150.00

DOCUMENT # P01000058020

1. Entity Name
RUSSI BIG O, INC.

Principal Place of Business
6010 CHARDONNAY LN. #101
NAPLES FL 34119

Mailing Address
6010 CHARDONNAY LN. #101
NAPLES FL 34119



2. Principal Place of Business
5 Creek Circle
 Suite, Apt. #, etc.

3. Mailing Address
5 Creek Circle
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, Florida
 Zip **34114** Country **U.S.A**

City & State
Naples, Florida
 Zip **34114** Country **U.S.A**

4. FEI Number
54-372-3600
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARDEN, RUSSI W
6010 CHARDONNAY LN. #101
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name: **Russi W. Arden**
 Street Address (P.O. Box Number is Not Acceptable)
5 Creek Circle
 City **Naples, Florida** **FL** Zip Code **34114**

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 **Russi W. Arden**

DATE **4/10/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ARDEN, RUSSI W	
STREET ADDRESS	6010 CHARDONNAY LN. #101	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5 Creek Circle	
STREET ADDRESS	Naples, Florida 34114	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: **Russi W. Arden**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/19/02**

Daytime Phone # **941-7320153**

CR2E034 (9/01)