


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90116 015 ***150.00

DOCUMENT # P02000039391

1. Entity Name
M.L. RUSSELL, INC.



Principal Place of Business
108 PLACID WOODS COURT
SANFORD FL 32773

Mailing Address
108 PLACID WOODS COURT
SANFORD FL 32773

2. Principal Place of Business
11201 Lake Katherine Circle
Suite, Apt. #, etc.

3. Mailing Address
11201 Lake Katherine Circle
Suite, Apt. #, etc.

City & State
Clermont, FL

City & State
Clermont, FL

4. FEI Number
06-1489273

Applied For
 Not Applicable

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

Zip 34711 **Country** USA

Zip 34711 **Country** USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
ADDISON, MICHELE L
108 PLACID WOODS COURT
SANFORD FL 32773

7. Name and Address of New Registered Agent
Name Michele L. Addison
Street Address (P.O. Box Number is Not Acceptable)
11201 Lake Katherine Circle
City Clermont **FL** **Zip Code** 34711

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: *Michele L Addison* **DATE** January 15, 2003

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

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ADDISON, MICHELE L 108 PLACID WOODS COURT SANFORD FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address change only 11201 Lake Katherine Circle Clermont, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADDISON, THEODORE W JR 108 PLACID WOODS COURT SANFORD FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address change only 11201 Lake Katherine Circle Clermont, FL 34711
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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: *Theodore W Addison* **DATE** January 15, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)