## Apr 03, 2000 8:00 am Secretary of State 04-03-2000 90170 026 \*\*\*150.00

## 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # P40695** 

1. Entity Name

RURRELL	INDUSTRIES,	INC.

Prin	cipa	Place o	f Business
1816	9TH	STREET	WEST

Mailing Address

1816 9TH STREET WEST BRADENTON FL 34205 US  1816 9TH STREET WEST BRADENTON FL 34205-7625 US				A LOCKIEGO III BUGII BEKKE BIKID ISIDE SII	ı Oyolo Dibik o	IJOJA PIRBI DIOJ	1 <b>6</b> (0)) ( <b>30</b> )				
Principal Place of Business     3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE I	IN THIS SP	ACE				
City & State	9	City & State		<b>4.</b> F	35-1494380		_ <del></del>	plied For t Applicable			
Zip	Country	Zip	Country	′	<b>5.</b> C	5. Certificate of Status Desired   \$8.75 Addition. Fee Required					
	6. Name and Address of Current I	Registered Agent			7. N	7. Name and Address of New Registered Agent					
		<del>- 1</del>		Name					ļ		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			-	Street Address (P.O. Box Number is Not Acceptable)							
			-	City		<u>.</u> ,, -	FL	Zip Code	e		
		All a suppose of the time to	rominta-a d	affica are:		not or both in the State of Florid		11	-		
8. The above	named entity submits this statement for	the purpose of changing its	registerea	office or re	egistered age	ent, or both, in the state of mono	a.				
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title of applicable (NICTE	- Degletarad A	oent signature	required when re	inetation)	DATE				
	Signature, typed or printed name or registered agent a	no title if applicable. (NOTE	negistered A	igent signature	required where re	Installigy					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 200	FiLE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of St		0.00	10. Election Campaign Finand Trust Fund Contribution.	cing		O May Be to Fees		
11.	OFFICERS AND		12.			<u> </u>  DITIONS/CHANGES TO OFFICE	RS AND F	DIRECTORS	3 IN 11		
TITLE	PCD	☐ Delete	TITLE		70	<u></u>		Change	Addition		
NAME	BURRELL, DONALD J.	□ Delete	NAME				,				
STREET ADDRESS	930 GREENVIEW			ADDRESS							
CITY-ST-ZIP	CROWN POINT IN		CITY-S								
	VCD	Delete	TITLE				ſ	Change	Addition		
TITLE NAME	BURRELL, ALICE M.	□ Delete	NAME				,	onlingo			
STREET ADDRESS	930 GREENVIEW			ADDRESS							
CITY-ST-ZIP	CROWN POINT IN		CITY-S								
	ST	Delete	TITLE					Change	Addition		
TITLE NAME	BURRELL, ALICE M.	□ Delete	NAME				,				
STREET ADDRESS	930 GREENVIEW			ADDRESS							
CITY-ST-ZIP	CROWN POINT IN		CITY-S								
	VD	☐ Delete	TITLE				1	☐ Change	☐ Addition		
TITLE NAME	BURRELL, JOHN	LI Delete	NAME				,				
STREET ADDRESS	1311 MERRILLVILLE RD.			ADDRESS					1		
CITY-ST-ZIP	CROWN POINT IN		CITY-S						ļ		
TITLE	0	Delete	TITLE					Change	Addition		
NAME		←1 Delete	NAME				,				
STREET ADDRESS				ADDRESS							
CITY-ST-ZIP			CITY-S								
		Delete	TITLE				1	Change	☐ Addition		
TITLE NAME		L Delete	NAME				ı				
STREET ADDRESS				ADDRESS							

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.

CITY-ST-ZIP

SIGNATURE:

AME OF SIGNING OFFICER OR DIRECTOR