

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000077136

1. Entity Name

RUSSELL DESIGN ASSOCIATES, INCORPORATED

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90035 005 \*\*\*150.00

Principal Place of Business	Mailing Address
7075 PLACIDA RD 102 ENGLEWOOD FL 34224 US	7075 PLACIDA RD 102 ENGLEWOOD FL 34224-8713 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0446084	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RUSSELL, FRANCIS M.  
2901 AVENUE OF THE AMERICAS  
ENGLEWOOD FL 34224

7. Name and Address of New Registered Agent

Name: RUSSELL FRANCIS M.  
Street Address (P.O. Box Number is Not Acceptable): 7075 PLACIDA RD  
City: ENGLEWOOD FL Zip Code: 34224

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: (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	---

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RUSSELL, FRANCIS M.	
STREET ADDRESS	1716 FOREST ROAD	
CITY-ST-ZIP	VENICE FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: FRANCIS M. RUSSELL Date: Daytime Phone #:

CR2E034 (06/19)