

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90029 049 \*\*\*150.00

0078282

**DOCUMENT # P93000081335**

1. Entity Name

**RUSSELL & SUN SOLAR CORPORATION**

Principal Place of Business

2245 LADNER RD., NE  
 PALM BAY FL 32907

Mailing Address

2245 LADNER RD., NE  
 PALM BAY FL 32907

2. Principal Place of Business

3. Mailing Address

**390 NARRAGANSETT ST NE**

**390 NARRAGANSETT ST NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Palm Bay Florida**

City & State  
**Palm Bay, Florida**

4. FEI Number **59-3209852**

Applied For  
 Not Applicable

Zip **32907** Country **FLORIDA**

Zip **32907** Country **FLORIDA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAM H. DIXON, P.A.**  
**2115 PALM BAY RD.**  
**SUITE 1E**  
**PALM BAY FL 32905**

Name **ALRON ENTERPRISES, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**390 NARRAGANSETT ST. N.E.**

City **Palm Bay** FL Zip Code **32907**

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 **Ronald Gallagher** **RONALD GALLAGHER President**

**4/17/01**

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, CHRISTOPHER P 2245 LADNER ROAD NE PALM BAY FL 32907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, KELLY S 2245 LADNER ROAD NE PALM BAY FL 32907	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIP</b> <b>GALLAGHER RONALD</b> <b>390 NARRAGANSETT ST NE</b> <b>Palm Bay, FL 32907</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 a other like empowered.

SIGNATURE: **Ronald Gallagher** **RONALD GALLAGHER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)