

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90247 024 ***150.00

DOCUMENT # P94000074651

1. Entity Name
RUSO TRUCKING & EXCAVATING COMPANY, INC.



Principal Place of Business
5949 NW 24TH COURT
APARTMENT #11
MARGATE FL 33063
US

Mailing Address
10619 WEST ATLANTIC BLVD
SUITE 126
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

8800 Royal Palm

3. Mailing Address

Suite, Apt. #, etc.

City & State
Coral Springs, FL

City & State

4. FEI Number **65-0527419**

Applied For

Not Applicable

Zip
33065

Country

Broward

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RUSO, STACEY
2755 FOREST HILLS BLVD.
APARTMENT #11
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **RUSO, STACEY**
STREET ADDRESS **10619 WEST ATLANTIC BLVD**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **RUSO, MICHAEL R.**
STREET ADDRESS **10619 WEST ATLANTIC BLVD**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Stacey L. Russo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-03

Date

Daytime Phone #

954-757-8651

CR2E034 (10/02)