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Jul 11, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR**) P96000038749 DOCUMENT # 07-11-2003 90050 017 ***550.00 1. Entity Name MARTIN RUSSELL, INC. Principal Place of Business Mailina Address 1209 WASHINGTON ST 1209 WASHINGTON ST KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0661019 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired :Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUSSELL, MARTIN Street Address (P.O. Box Number is Not Acceptable) **608 ASHE STREET** KEY WEST FL 33040 Zip Code City 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 \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition RUSSELL, MARTIN NAME NAME 1209 WAHSINGTON ST STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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(2)(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 eggs 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