

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046158

1. Entity Name

RUSSELL LAW OFFICES, PROFESSIONAL ASSOCIATION

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90035 050 ***150.00

0060232

Principal Place of Business

Mailing Address

537 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801537 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801

00036751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

105 E. Robinson Street

Post Office Box 2751

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 540

City & State

City & State

Orlando, Florida

Orlando, Florida

Zip

Country

Zip

Country

32801

USA

32802

USA

4. FEI Number

59-3383572

Applied For

Not Applicable

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

RUSSELL, R. L.
537 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801

Name

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

105 E. Robinson Street, Suite 540

City

Orlando

FL

Zip Code

32801

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

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 State10. 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, R I
537 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
105 E. Robinson Street, Suite 540
Orlando, Florida 32801 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
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CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 all other like empowered.

SIGNATURE

SIGNATURE TYPED OR PRINTED NAME OF SIGNER FOR FILING

10 APR 01

Date

407-422

1234

CR2E034 (10/00)