

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070051

1. Entity Name

R. L. RUSSELL EXCAVATING, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90058 006 ***150.00

Principal Place of Business

Mailing Address

3012 ROUND TABLE CT.
NAPLES FL 34112

3012 ROUND TABLE CT.
NAPLES FL 34112-3634

2. Principal Place of Business

2720 68th ST. S.W.
Suite, Apt. #, etc.

3. Mailing Address

2720 68th ST. S.W.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

65-0700290

Applied For

Not Applicable

Zip

Country

34105

Zip

Country

34105

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

MILLET, JOEL S
5091 E. TAMiami TRAIL
NAPLES FL 34113

Name JOEL S. MILLER

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

971 AIRPORT RD. N.
NAPLES, FL 34104

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

1/5/00
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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	RUSSELL, ROBERT L	
STREET ADDRESS	3012 ROUND TABLE CT.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RUSSELL, LINDA L	
STREET ADDRESS	3012 ROUND TABLE CT.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RUSSELL, JAYSON R	
STREET ADDRESS	107 RUDUBON RD.	
CITY-ST-ZIP	NAPLES FL 34114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2720 68 th ST. S.W.	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2720 68 th ST. S.W.	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2720 68 th ST. S.W.	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Linda L. Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00

Date

Daytime Phone #

941 436-3522

CR2E034 (9/99)