**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Jul 31, 2001 8:00 am P97000021260 DOCUMENT # **Secretary of State** 1. Entity Name BARRINGTON A. RUSSELL, PROFESSIONAL ASSOCIATION 07-31-2001 90004 037 \*\*\*150.00 Principal Place of Business Mailing Address 4040 NW 47 TERRACE **4040 NW 47 TERRACE** LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0736886 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUSSELL, BARRINGTON A Street Address (P.O. Box Number is Not Acceptable) **4040 NW 47 TERRACE** LAUDERDALE LAKES FL 33319 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete RUSSELL BARRINGTON A NAME NAME STREET ADDRESS STREET ADDRESS **4040 NW 47 TERRACE** CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES FL 33319 ☐ Addition Change ☐ Delete TITLE TITLE NAME RUSSELL, BARRINGTON A NAME STREET ADDRESS STREET ADDRESS **4040 NW 47 TERRACE** CITY-ST-ZIP LAUDERDALE LAKES FL 33319 CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME + NAME \* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE

all other like empowered.

of the corporation or the rechanged, or on an attach

Date

Davtime Phone #

July 25, 2001

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302

Dear Sir or Madam:

Please find my check in the amount of \$150.00 enclosed with my 2001 Uniform Business Report.

Please be advised that this is the only such UBR report I received in 2001. My address has remained the same since the inception of my business and I am at a loss as to why I hadn't received a prior report.

I respectfully request that you waive the additional fee. I file all State and Federal forms and pay all my taxes in a timely manner and I've taken measures to insure that my 2002 report is received and filed timely. Once again I respectfully request that you abate this penalty.

Sincerely,

Barragton A. Russell, P.A., CRB, CRS, GRI

Realtor/ Broker