## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P97000021260 1. Entity Name BARRINGTON A. RUSSELL, PROFESSIONAL ASSOCIATION

4040 NW 47 TERRACE LAUDERDALE LAKES FL 33319

Principal Place of Business

- 71P

NATURE:

anged, or on an attachment with an address, with all other like empowered.

Mailing Address

**4040 NW 47 TERRACE** LAUDERDALE LAKES FL 33319 FILED

05-16-2002 90090 018 \*\*\*150.00

May 16, 2002 8:00 am § Secretary of State

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2. Principal Place of Business 3. Mailing Address 4426 4426 LNYERRAR INYERRAP Suite, Apt. #, etc. Şuite, Apt. #, etc. DO NOT WRITE IN THIS SPACE LAUDERDALE CAUDERDAL & State City & State 4. FEI Number Applied For 65-0736886 Not Applicable Country \$8.75 Additional 33319 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSSELL, BARRINGTON A Street Address (P.O. Box Number is Not Acceptable) **4040 NW 47 TERRACE** LAUDERDALE LAKES FL 33319 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME RUSSELL, BARRINGTON A NAME STREET ADDRESS **4040 NW 47 TERRACE** STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33319 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition RUSSELL, BARRINGTON A STREET ADDRESS **4040 NW 47 TERRACE** STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES FL 33319 CITY-ST-ZIP TITLE Delete 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 TITLE ☐ Delete TITLE ☐ Change □ Addition ME NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME ADDRESS STREET ADDRESS

CITY-ST-ZIP

OF SKING OFFICER OR DIRECTOR

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 dicated 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 if 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