

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90626 028 ***150.00

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DOCUMENT # P97000065441

1. Entity Name
RUSSELL'S FOUR, INC.



Principal Place of Business
**35246 U.S. HWY 19 NO
PALM HARBOR FL 34684
US**

Mailing Address
**35246 U.S. HWY 19 NO.
PALM HARBOR FL 34684
US**



2. Principal Place of Business

3. Mailing Address

334 EAST LAKE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Palm Harbor, FL

4. FEI Number

59-3460740

Applied For

Not Applicable

Zip

Country

Zip

Country

34685

USA

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

**LEE, FRANCIS M
4551 MAINLANDS BLVD, SUITE F
PINELLAS PARK FL 33782**

Name

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RUSSELL, TERRY L.**
STREET ADDRESS **35246 US HWY 19 NO**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **P** ☒ Change ☐ Addition
NAME **RUSSELL, TERRY L.**
STREET ADDRESS **334 EAST LAKE RD.**
CITY-ST-ZIP **PALM HARBOR, FL 34685**

TITLE **ST** ☐ Delete
NAME **RUSSELL, PATRICIA L.**
STREET ADDRESS **35246 US HWY 19 NO**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **ST** ☒ Change ☐ Addition
NAME **RUSSELL, PATRICIA L.**
STREET ADDRESS **334 EAST LAKE RD.**
CITY-ST-ZIP **PALM HARBOR, FL-34685**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)