

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000096569**1. Entity Name
RUSSELL HOLDINGS, INC.**Principal Place of Business**GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE WEST
ST PETERSBURG FL 33702**Mailing Address**GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE WEST
ST PETERSBURG FL 33702**2. Principal Place of Business**

KRESS BUILDING, SUITE M-8

3. Mailing Address

KRESS BUILDING, SUITE M-8

Suite, Apt. #, etc.

475 CENTRAL AVENUE

Suite, Apt. #, etc.

475 CENTRAL AVENUE

City & State

ST PETERSBURG FL

City & State

ST PETERSBURG FL

Zip

33701

Country

US

Zip

33701

Country

US

4. FEI Number

59-3486121

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
GLADES BUILDING, SUITE 303
877 EXECUTIVE CENTER DRIVE WEST
ST PETERSBURG FL 33702**7. Name and Address of New Registered Agent**

Name

MASCARA ERNEST L

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

KRESS BUILDING, SUITE M-8

475 CENTRAL AVENUE

City

ST PETERSBURG FL

Zip Code

33701

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 **ERNEST L. MASCARA****04/13/2001**

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE P/D ☐ Delete
NAME RUSSELL NICK
STREET ADDRESS 10035 GULF BOULEVARD
CITY-ST-ZIP TREASURE ISLAND FL 33706TITLE VD ☐ Delete
NAME MASCARA ERNEST L
STREET ADDRESS 877 EXECUTIVE CENTER DR
CITY-ST-ZIP ST PETERSBURG FL 33702TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PD ☒ Change ☐ Addition
NAME RUSSELL NICK
STREET ADDRESS 10035 GULF BOULEVARD
CITY-ST-ZIP TREASURE ISLAND FL 33706TITLE VD ☒ Change ☐ Addition
NAME MASCARA ERNEST L
STREET ADDRESS 475 CENTRAL AVENUE, SUITE M-8
CITY-ST-ZIP ST PETERSBURG FL 33701TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: NICK RUSSELL

P

04/13/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)