

2001 UNIFORM BUSINESS REPORT (UBR)

8/1

FILED
Sep 12, 2001 8:00 am
Secretary of State

08-29-2001 90008 007 ***550.00

DOCUMENT # P98000047039

1. Entity Name

RUSSELL'S ALUMINUM INC.

Principal Place of Business

**14535 S HWY 441
 SUMMERFIELD FL 34491**

Mailing Address

**PO BOX 1038
 OCKLAWAHA FL 32183**

2. Principal Place of Business

**15771 SHAW 441
 Suite, Apt. #, etc.
 15771 South Hwy 441**

3. Mailing Address

**P.O. Box 1038
 Suite, Apt. #, etc.**

City & State

Summerfield FL

City & State

Ocklawaha FL

Zip
34491

Country
Marion

Zip
32183

Country
Marion

4. FEI Number **59-3579043**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RUSSELL, L
 10875 E HWY C25
 BELLEVUE FL 3420**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **DP** ☐ Delete
 NAME **RUSSELL, J**
 STREET ADDRESS **P O BOX 1038 N/A**
 CITY-ST-ZIP **OCKLAWAHA FL 32183**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Vice president** ☐ Change ☒ Addition
 NAME **L. Russell**
 STREET ADDRESS **P.O. Box 1038**
 CITY-ST-ZIP **Ocklawaha, FL 32183**

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

TITLE ☐ Change ☐ Addition
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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:

Signature of L. Russell

8-22-01

352-245-1957

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)