2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE

Feb 13, 2002 8:00 am Secretary of State **DOCUMENT #** P98000104688 1. Entity Name 02-13-2002 90284 008 ***150.00 RUSS GROUP, INC. Principal Place of Business Mailing Address 253 CENTER CT 253 CENTER CT VENICE FL 34292 VENICE FL 34292 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3561386 Not Applicable Zip Zip Country \$8,75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUSS, GARLAND E Street Address (P.O. Box Number is Not Acceptable) 5837 JACKSON DRIVE VENICE FL 34293 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. ☐ Addition TITLE TITLE □ Delete NAME NAME RUSS, BETTE STREET ADDRESS STREET ADDRESS 5837 JACKSON LANE CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 Change ☐ Addition TITLE ☐ Delete TITLE NAME RUSS, GARLAND NAME STREET ADDRESS STREET ADDRESS 5837 JACKSON LANE CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 prustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED