

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000020717

1. Entity Name
RUSSO AND SONS, INC.

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90149 037 ***558.75

Principal Place of Business

2649 SCOT STREET
 HOLLYWOOD FL 33020

Mailing Address

2649 SCOT STREET
 HOLLYWOOD FL 33020

2. Principal Place of Business

2649 SCOT STREET
 Suite, Apt. #, etc.

3. Mailing Address

2649 SCOT STREET
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0899198

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RUSSO, LINDA
 2649 SCOT STREET
 HOLLYWOOD FL 33020

7. Name and Address of New Registered Agent

Name

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

2649 SCOT STREET

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 13, 2000 Min. 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 **D** ☐ Delete
 NAME **RUSSO, ROBERT V**
 STREET ADDRESS **710 SW 69 WAY**
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE **D** ☐ Delete
 NAME **RUSSO, MICHAEL L**
 STREET ADDRESS **5531 SW 55 AVE**
 CITY-ST-ZIP **DAVIE KE PINES FL 33314**

TITLE **D** ☐ Delete
 NAME **RUSSO, JACOB**
 STREET ADDRESS **2649 SCOT STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **Michael L Russo**
 STREET ADDRESS **3170 Whooping CRANE Run**
 CITY-ST-ZIP **Missimmee FL 34741**

TITLE ☐ Change ☐ Addition
 NAME **JACOB Russo**
 STREET ADDRESS **5330 CR 561**
 CITY-ST-ZIP **CLERMONT, FL 34711**

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

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

TITLE ☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-00 407-932-1733

Date

Daytime Phone #