

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90009 017 \*\*\*558.75

**DOCUMENT # P99000020717**

1. Entity Name -

**RUSO AND SONS, INC.**

Principal Place of Business

2649 SCOT STREET  
HOLLYWOOD FL 33020

Mailing Address

2649 SCOT STREET  
HOLLYWOOD FL 33020

**C0071334**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3170 Whopping Crane Run**  
Suite, Apt. #, etc.  
**Kissimmee Florida**

3. Mailing Address

**3170 Whopping Crane Run**  
Suite, Apt. #, etc.  
**Kissimmee Florida**

City & State

City & State

Zip

Country

**34741**

**Osceola**

Zip

Country

**34741**

**Osceola**

4. FEI Number **65-0899198**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**RUSO, LINDA**  
**2649 SCOT STREET**  
**HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name **Marilyn Medina**

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

**3170 Whopping Crane Run**

City

**Kissimmee**

FL

Zip Code  
**34741**

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 **Marilyn Medina**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**6/13/01**

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	D	<input checked="" type="checkbox"/> Delete
NAME	<b>RUSO, ROBERT V</b>	
STREET ADDRESS	<b>710 SW 69 WAY</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33023</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>RUSO, MICHAEL L</b>	
STREET ADDRESS	<b>5531 SW 55 AVE</b>	
CITY-ST-ZIP	<b>DAVIE KE PINES FL 33314</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>RUSO, JACOB</b>	
STREET ADDRESS	<b>2649 SCOT STREET</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33020</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael Russo</b>	
STREET ADDRESS	<b>3170 Whopping Crane Run</b>	
CITY-ST-ZIP	<b>Kissimmee FL 34741</b>	
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jacob Russo</b>	
STREET ADDRESS	<b>5330 SW 561</b>	
CITY-ST-ZIP	<b>Clermont Florida 34711</b>	
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Robert Russo</b>	
STREET ADDRESS	<b>2154 White Eagle St</b>	
CITY-ST-ZIP	<b>Clermont FL 34711</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Michael Russo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/13/01 407-931-3920**

Date

Daytime Phone #

CR2E034 (10/00)