

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90002 011 ***150.00

DOCUMENT # P99000020717

1. Entity Name
RUSSO AND SONS, INC.

Principal Place of Business
3170 WHOOPING CRANE RUN
KISSIMMEE FL 34741

Mailing Address
3170 WHOOPING CRANE RUN
KISSIMMEE FL 34741

2. Principal Place of Business
12120 Sapphire DR.
 Suite, Apt. #, etc.

3. Mailing Address
12120 Sapphire DR.
 Suite, Apt. #, etc.

City & State
Clermont, Florida
 Zip
34711
 Country
Lake

City & State
Clermont Florida
 Zip
34711
 Country
Lake

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

MEDINA, MARILYN
3170 WHOOPING CRANE RUN
KISSIMMEE FL 39741

7. Name and Address of New Registered Agent

Name **Marilyn Russo**
 Street Address (P.O. Box Number is Not Acceptable)
12120 Sapphire Drive
 City **Clermont Florida 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 Russo**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/01
 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	P RUSSO, MICHAEL 3170 WHOOPING CRANE RUN KISSIMMEE FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUSSO, JACOB 5330 CR 561 CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSSO, ROBERT 2154 WHITE EAGLE ST CLERMONT FL 34711	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
- Please not our address has change.	<input type="checkbox"/> Addition
- There is now one owner of this buisness as indicated.	<input type="checkbox"/> Addition
- Michael Russo -	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

1/17/01
 Date

Daytime Phone #

CR2E034 (9/01)