2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073943

1. Entity Name

SAL RUSSO-PAINTING & DECORATING, INC.

| Principal Place of Business | | | Mailing Address | | | | | | | |
|---------------------------------------|--|---|--|--------------------------|--|---|--|--------------|------------------|---------------|
| 940 MOONLAKE DRIVE NAPLES FL 34104 | | _ | 940 MOONLAKE DRIVE NAPLES FL 34104 | | | | | | | |
| | | | | | | | | | | |
| 2. | Principal P | lace of Business | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | |
| | Suite, Apt. | #, etc. | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | City & State | e | City & State | | | 4. FEI Number 59-3604051 Applied For Not Applicable | | | | 7 |
| | Zip Country 6. Name and Address of Current F | | Zip | Cour | Country | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| | | | Registered Agent | registered Agent | | 7. Name and Address of New Registered Agent | | | | |
| | - | 6. Name and Address of Current | negistered Agent | Name | | | Total Control of the | | | 1 |
| | | SO, SALVATORE A MOONLAKE DRIVE | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | $\frac{1}{2}$ |
| | NAPLES FL 34104 | | | | • | | | | 1 | |
| | | | | | City | | ! | FL Zip Coo | de | 1 |
| R | The above | named entity submits this statement for | or the purpose of changing its | s reaister | ed office or re | gistered ag | ent, or both, in the State of Florida. | | | 1 |
| ٥. | | Trained offing oddinkt the claterion of | , , , , o parpose or on any | - · - 3 · - · - · | | | | | | ļ |
| 010 | | | | | | | | | | |
| SIC | SNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NO | TE: Registere | ed Agent signature r | equired when re | instating) DA | ATE | | ļ |
| | <u> </u> | | ELE NOW | IIII EEE | 10 0150 00 | | | | | 7 |
| 9. | | oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 | | | | 10. Election Campaign Financing | | 00 May Be | } |
| , ~ | | eria on back) Make Check Payable to D | | | | | Trust Fund Contribution. | ∴ Adde | d to Fees | |
| 44 | <u>ſ</u> | | | 12. | | | L DITIONS/CHANGES TO OFFICERS A | AND DIRECTOR | RS IN 11 | 1 |
| 11. | i | OFFICERS AND DIRECTORS PSTD Delete | | TITL | T | 1,110 | BITTO TO THE TOTAL TO BE | ☐ Change | Addition | 13 |
| TITL | 1 | SALVATORE, RUSSO A | NAM | | | | • | | | ١ |
| | EET ADDRESS | 940 MOONLAKE DR. | | | EET ADDRESS | | • | | | |
| | ST-ZIP | NAPLES FL 34104 | | cim | | | | - | | 1 8 |
| | : | MAPLES PL 34104 | □ Delete | TITL | F. | | | ☐ Change | ☐ Addition | 7 6 |
| TITL | 1 | | rin palata | NAM | I | | | | | 1 |
| | EET ADDRESS | | | | EET ADDRESS | | | | | |
| | ST-ZIP | | | CITY | r-ST-ZIP | | • • | * | | 1 |
| TITL | 1 | | Delete - | TITL | E | | ستبه المستركة والمستركة وا | | Addition . | 1- |
| NAN | 1 | | | NAM | I | بممر | | | | |
| | EET ADDRESS | ٠ | | STR | EET ADDRESS | | | | 3 | |
| CITY | Y-ST-ZIP | | | CITY | /-ST-ZIP ^ | ٠ - سياً. | * | | | |
| TITL | Ė | | ☐ Delete | TITL | Ε . | | | Change | Addition | 1 |
| NAN | 1 | | | NAM | Œ , | العوانفيا والمتحج | | | | |
| | EET ADDRESS | • | | STRI | EET ADDRESS | | | | | |
| CITY | r-ST-ZIP | , | | CITY | ·-ŚŢ-ZIP | • • | * | | | 4 |
| TITL | Ė | | ☐ Delete · | · TITL | | ٦٠ | j. | ☐ Change | ☐ Addition | |
| NAN | 1 | | | · NAW | | | | | | 1 |
| | EET ADDRESS | | , | | EET ADDRESS | | | | | 1 |
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| NAM | t i | | | NAM | | John Kinn | | | | 1 |
| STR | ÉET ADDRESS | | | STR | EET ADDRESS | | | | | |

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 against hat 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2001 8:00 am Secretary of State 04-17-2001 90037 017 ***150.00