

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90078 008 ***150.00

DOCUMENT # S96179

1. Entity Name

RUSSELL CHRISTOPHER ENTERPRISES, INC.

Principal Place of Business

937 BAREFOOT BLVD
 B
 MICCO FL 32976

Mailing Address

937 BAREFOOT BLVD
 B
 MICCO FL 32976

2. Principal Place of Business

401 Georges Ave NE
 Suite, Apt. #, etc.

3. Mailing Address

401 GEORGES AVE NE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PALM BAY FL

City & State

PALM BAY FL

4. FEI Number

59-3097804

Applied For

Not Applicable

Zip

32907-2552

Country

USA

Zip

32907-2552

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUPPERT, FLORENCE
 2727 N. WICKHAM RD.
 5-202
 MELBOURNE FL 32935

Name

RUPPERT, FLORENCE

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

763 SAMUEL CHASE LANE

City

W MELBOURNE

FL

Zip Code

32904

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

Florence A. Rupert

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

(NOTE: Registered Agent signature required when reinstating)

4/24/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
 NAME RUPPERT, FLORENCE A.
 STREET ADDRESS 2727 N WICKHAM RD. 5-202
 CITY-ST-ZIP MELBOURNE FL ☐ Delete

TITLE PST
 NAME RUPPERT, Florence A.
 STREET ADDRESS 763 SAMUEL CHASE LANE
 CITY-ST-ZIP W. MELBOURNE FL 32904 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

Florence A. Rupert
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

321-431-9024

Daytime Phone #

CR2E034 (10/00)