

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90440 025 ***150.00

DOCUMENT # V54091-

1. Entity Name

RUSSELL JOSEPH STUDIO, INC.

Principal Place of Business

Mailing Address

**284 SW 14TH STREET
POMPANO BEACH FL 33060**

**284 SW 14TH STREET
POMPANO BEACH FL 33060-8761**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0352410

Applied For

Not Applicable

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

**DALE, CHARLES JR.
414 N.E. 4TH STREET
FT. LAUDERDALE FL 33301**

Name

CAROL Stettner

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

284 S.W. 14TH Street

City

Pompano Beach

FL

Zip Code

33060

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 **CAROL Stettner**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/00

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	STETTNER, RUSSELL JOSEPH	284 S.W. 14TH ST.	POMPANO BEACH FL 33060				
ST	STETTNER, CAROL ANN	284 S.W. 14TH STREET	POMPANO BEACH FL 33060	Vice President			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00
Date

954-782-5806
Daytime Phone #

CR2E034 (9/99)