

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90180 002 ***150.00

DOCUMENT # *P97000044776*

1. Entity Name

KNOWLES, MARKS & RANDOLPH, P.A.



DO NOT WRITE IN THIS SPACE

90088849

2. Principal Place of Business

215 S. Monroe Street

3. Mailing Address

215 S. Monroe Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 130

Suite 130

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-3452512

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip

32301

Country

USA

Zip

32301

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Harold M. Knowles

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

215 S. Monroe Street, Suite 130

Tallahassee

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: *VD*
NAME: *Randolph, Roosevelt*
STREET ADDRESS: *3029 Hawks Glen*
CITY-ST-ZIP: *Tallahassee, FL 32312*

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: *PD*
NAME: *Marks, John R III*
STREET ADDRESS: *3713 Bobbin Brook Way*
CITY-ST-ZIP: *Tallahassee, FL 32312*

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: *STD*
NAME: *Knowles, Harold M.*
STREET ADDRESS: *235 Rosehill Dr., N*
CITY-ST-ZIP: *Tallahassee, FL 32312*

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

**DO NOT WRITE
IN THIS SPACE**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

HAROLD M. KNOWLES

4/15/03

(850)222-3768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)