

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90158 030 \*\*\*163.75

DOCUMENT # F99000000617

1. Entity Name  
PANDLE, INC.



Principal Place of Business  
1801 HEIDENHEIM RD.  
PASCAGOULA MS 39581

Mailing Address  
1801 HEIDENHEIM RD.  
PASCAGOULA MS 39581

2. Principal Place of Business

2401 Petit Bois St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PASCAGOULA, MS.

City & State

Zip  
39581

Country

JACKSON

Zip

Country

4. FEI Number 64-0809117

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

UELTSCI, ROB  
1652-3 ELLSBERG CT.  
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	CP	<input type="checkbox"/> Delete
NAME	RANDLE, PAULA B	
STREET ADDRESS	1801 HEIDENHEIM RD.	
CITY-ST-ZIP	PASCAGOULA MS 39581	
TITLE	CST	<input type="checkbox"/> Delete
NAME	RANDLE, WALTER C	
STREET ADDRESS	1801 HEIDENHEIM RD.	
CITY-ST-ZIP	PASCAGOULA MS 39581	
TITLE	V	<input type="checkbox"/> Delete
NAME	UELTSCI, ROB	
STREET ADDRESS	1623-3 ELLSBERG CT.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE: WALTER C RANDLE SR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-14-03

Date

228-762-3300

Daytime Phone #

CR2E034 (10/02)